

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE
BOURGES / VIERSEN ROOMS, TOWN HALL ON 26 MARCH 2015**

Members Present: Councillor Marco Cereste, Leader of the Council (Chairman)
Councillor Diane Lamb, Cabinet Advisor for Health (Vice Chairman)
Councillor Holdich, Deputy Leader and Cabinet Member for Education, Skills and University
Gillian Beasley, Chief Executive
Wendi Ogle-Welbourn, Corporate Director People and Communities
Dr Liz Robin, Director for Public Health
Cathy Mitchell, Local Chief Officer
Dr Paul Van den Bent
David Whiles, Healthwatch

Also Present: Will Patten, Assistant Director for Adult Commissioning
Ryan O'Neill, Public health Analyst – Advanced
Paul Duell, Chair East Anglia Pharmacy Local Professional Network
Anne McConville, Interim Consultant, Public Health
Tina Hornsby, Assistant Director, Quality Information & Performance
Paulina Ford, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Fitzgerald, Andy Vowles, Dr Michael Caskey, Dr Gary Howsam and Dr Kenneth Rigg. Apologies were also received from Co-opted Member Claire Higgins.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 7 January 2015

The minutes of the meeting held on 7 January 2015 were approved as a true and accurate record.

Chairman's Announcements

The Chairman welcomed and introduced the new Director of Public Health, Dr Liz Robin and also informed the Board that there had been a change in the Corporate Management Structure and Wendi Ogle-Welbourn had been appointed Corporate Director for People and Communities and she also holds the statutory DAS and DCS roles

4. NHS England/CCG

a) Primary Care Co-Commissioning

The Board received a report which updated members on the Primary Care Co-Commissioning and specifically the decision made by Cambridgeshire and Peterborough Clinical

Commissioning Group Governing Body on 13 January 2015 on the future of Primary Care Co-Commissioning.

Catherine Mitchel, Local Chief Officer, introduced the report and provided an overview update. Key points highlighted and raised during discussion included:

- NHS England had presented three proposals for a co-commissioning model to the CCG to see if they would wish to jointly commission primary care services with NHS England or whether the CCG would want to fully commission Primary Care Services.
- Cambridgeshire and Peterborough CCG Governing Body took the decision to enter into a joint commissioning arrangement with NHS England. This will commence from April 2015. The Governing Body would also review a third option of delegated commissioning of Primary Care prior to 2016.
- Entering into Option 2, Joint Commissioning will mean that a Joint Committee would be created to oversee the new arrangements. The national terms of reference required representation from Health and Wellbeing Boards and Healthwatch. The CCG would seek nominations for the Joint Committee. The first meeting would be in May 2015.
- The Joint Committee had a national Terms of Reference and would bring the CCG, regional representatives from NHS England and external partners together to discuss how the Joint Commissioning of Primary Care would be implemented going forward.
- Primary Care was key to delivering better outcomes across the city. Joint Commissioning would provide an opportunity to discuss the different commissioning models to provide better outcomes and getting the right service in the right place.
- Having a representative of the Health and Wellbeing Board on the Joint Committee would provide an opportunity to highlight some of the challenging health issues in Peterborough and addressing them.
- Concern was raised that social care had not been included in the commissioning process. The Local Chief Officer advised that the architecture and national terms of reference had been quite prescriptive but the inclusion of social care could be raised at the first meeting of the Joint Committee.

RESOLVED

- 1) The Board noted that the Cambridgeshire and Peterborough Clinical Commissioning Group will Jointly Commission Primary Care Services with NHS England East from 1 April 2015.
- 2) The Board requested that at the first meeting of the Joint Committee consideration be given to the inclusion of social care in the joint commissioning arrangements.
- 3) The Chair would write to the Secretary of State to request that social care be included in the new Joint Commission arrangements.

5. Clinical Commissioning Groups

a) CCG 2015-2016 Operational Plan

Catherine Mitchel, Local Chief Officer, introduced the item and gave a presentation to the Board which provided an overview of the CCG 2015-16 Operational plan. Areas covered included:

- An overview of the Plan on a Page
- Principles to underpin operational planning
- Planning assumptions and priorities
- The approach taken to creating the Operational Plan 2015-2016
- An overview of Clinical Service Commissioning priorities
- Areas of focus, particularly around quality and performance
- Outcomes and next steps

Key points highlighted and raised during discussion included:

- The Operational Plan was linked to the big transformation programme.
- The draft Operation Plan had been sent out to members of the Health and Wellbeing Board for comment via email.
- Local plans were being devised for Borderline and Peterborough Clinical Commissioning Group. For example non-elective work was being done through the resilience group to find their own solutions.
- There would be additional investment into adult and child Mental Health Services to a level equivalent to growth in allocation of 5.6%.
- Additional support had been put in to schools with regard to training to identify emotional issues earlier.

RESOLVED

The Board noted the presentation.

b) Better Care Fund s75 Agreement

Will Patten, Assistant Director for Adult Commissioning introduced the report. The report sought comments from the Board on the draft Section 75 Agreement and also sought approval from the Board on the Section 75 agreement between PCC and the CCG. Key points highlighted and raised during discussion included:

- Gillian Beasley, Chief Executive congratulated everyone involved in putting together the Better Care Fund s75 Agreement.
- The Chief Executives and Chief Operating Officers from across the health and social care system had recently met to start to talk about better working together and what governance structure were needed to drive the outcomes forward in a more efficient and effective way.
- Following on from approval the design phase will begin where the five key work streams are looked at to see how they would be implemented.

RESOLVED

1. The Board approved the Section 75 Agreement between PCC and the CCG and;
2. Confirmed that the Joint Commissioning Forum (JCF) will oversee the Better Care Fund Plan and Section 75 Agreement and pooled budget on behalf of the Peterborough Health and Wellbeing Board.
3. The Board approved the readiness report which had been previously circulated to the Board for comments and agreed that it could now be sent out.

6. Public Health

(a) Health Protection Annual Report

The Board received a report which presented the first Annual Health Protection Report for Peterborough City Council. The Annual Health Protection Report focused on the statutory responsibilities for health protection and complimented the Annual Report of the DPH.

Dr Anne McConville, Interim Consultant in Public Health introduced the report and provided further background information and context. Key points highlighted and raised during discussion included:

- The Annual Report looked at the Health Protection Functions and the health input into emergency planning and resilience for Peterborough.

- The purpose of the report was to provide assurance to the Health and Wellbeing Board and the population that the statutory duties with regard to health protection were being carried out efficiently and effectively.
- Specific challenges which had been identified were Tuberculosis (TB), poor uptake for cervical and bowel screening programmes, poor uptake of childhood immunisation programmes and some aspects of sexual health.
- Routine data for ethnic and minority groups was not readily collected and therefore more difficult to analyse. There was a need to engage with these groups in conversation to ensure that they understood what the screening programmes were and what the barriers were to them taking the screening tests.
- Community Connectors were being recruited to engage with community groups to understand the barriers they faced.
- Providing information on the symptoms of TB to enable people to recognise the symptoms sooner was important and ensuring people knew that treatment for TB was free as this might help take away the stigma of TB.
- Dr Robin thanked Dr Henrietta Ewart and Dr Anne McConville for developing the Health Protection Steering Group and congratulated them on the partnership working which had helped to develop the report.

RESOLVED

The Board:

1. Noted the Annual Health Protection Report for Peterborough City Council, 2014;
2. Noted that the Task and Finish Groups will report their recommendations to improve uptake of childhood immunisations and bowel and cervical cancer screening to the Health and Wellbeing Board in June, and produce costed plans for the Health and Wellbeing Programme Board;
3. Supported the recommendation that Public Health England (PHE) and PCC public health explore the roll out of the PHE pilot of testing for latent tuberculosis (TB) infection to eligible new migrants from high prevalence communities in line with the new collaborative TB strategy;
4. Asked the Children and Families Board to progress an action plan to address continuing high rates of teenage pregnancy;
5. Supported the recommendation that the public health team meet with the sexual health commissioner to explore opportunities in the sexual health contract to improve HIV and chlamydia screening in relevant population groups;
6. Supported the recommendation that qualitative and survey methods should be used to understand health beliefs and barriers to uptake of services to inform the Eastern European Joint Strategic Needs Assessment and subsequent community engagement and development.

(b) Peterborough 2015 Pharmaceutical Needs Assessment (PNA)

The Board received a report of the Peterborough 2015 Pharmaceutical Needs Assessment (PNA) for approval.

Ryan O'Neill, Advanced Public Health Analyst introduced the report. Paul Duell, Chair East Anglia Pharmacy Local Professional Network was also present. Key points highlighted and raised during discussion included:

- The purpose of the report was to inform the Health and Wellbeing Board about the completion of the PNA process, its key findings and recommendations.
- A public consultation of the PNA document had been undertaken between December 2014 and February 2015 and had received a good response.

- The document was an evidence based commissioning tool and was also used by NHS England to control the number of pharmacies in the area. It was a live document which needed to be kept up to date.
- Members of the Board felt that the report was a high quality piece of work and a really important document which highlighted the importance of the pharmacies within the city and if used properly could make a real difference in the city.
- In the pharmacy contract there was a requirement for six health promotion campaigns. Work could be done with pharmacies through the campaigns to target specific issues.

RESOLVED

The Board approved and authorised the publication of the Peterborough 2015 Pharmaceutical Needs Assessment (PNA) report.

(c) Cardiovascular Disease Programme update

The Board received a report which provided an update on work undertaken to develop the local cardiovascular disease strategy, to reduce prevalence and improve outcomes for the population of Peterborough.

Dr Anne McConville, Interim Consultant in Public Health introduced the report and provided further background information and context. Key points highlighted and raised during discussion included:

- The report set out the outcomes of a cardiovascular disease workshop that Public Health had held for partners on 30 January 2015. The three areas of focus at the workshop were: prevention and early intervention, treatment and reablement and continuing care.
- Next steps: to establish the three programme groups and the Health and Wellbeing Board to nominate senior managers to provide Chairs and leadership for those groups.
- The report asked the Board to consider the outcomes from the cardiovascular disease programme workshop, nominate both senior champions and lead officers to support the cardiovascular disease programme and approve the proposal for a new Public Health Board, reporting into the Health and Wellbeing Programme Board.
- The Chair proposed that the Corporate Director for People and Communities and the Director of Public Health consider the recommendations in further detail and check the governance arrangements regarding the Public Health Board.
- The Chair to take into consideration Public Health when discussing the regeneration of the city.

RESOLVED

The Board considered the recommendations but agreed that the Corporate Director for People and Communities and the Director of Public Health should discuss the recommendations in further detail and check the governance arrangements regarding the Public Health Board.

2.30pm, Councillor Lamb left the meeting.

7. Adult Services

(a) Care Act Plan and Implications

The Board received a report which provided an update on the Councils preparations for the introduction of the Care Act on 1 April 2015 and implications with particular reference to Adult Social Care.

Tina Hornsby, Assistant Director, Quality Information and Performance introduced the report to the Board. Key points highlighted and raised during discussion included:

- The Care Act put safeguarding on a statutory footing and focused on the person.
- There would be a new national eligibility criteria for services.
- Advocacy would be provided in a more prescribed way.
- There would be a new eligibility criteria for carers support.
- Introduction of new duties for assessment and support for those in prison.
- Expansion of existing deferred payment scheme.
- Specific regulations in place around discharge from hospital.
- The Care Act was not only a change to law but a change to culture.

RESOLVED

The Board noted the report.

INFORMATION ITEMS

The remainder of the items on the agenda were for information only and were noted without comment.

8. Exception Report: Health and Wellbeing Board Action Plan Progress Update

The Board received a report which updated members with regard to progress made against the Health and Wellbeing Board Action Plan. The report outlined any issues and challenges since the last update report provided at the HWB meeting held on 11 December 2014.

RESOLVED

The Board noted the report.

9. Healthy Child Programme

The Board received a report which provided an update on performance within the Healthy Child Programme (HCP) and informed the Board of the joint working initiatives, developments and priorities.

RESOLVED

The Board noted the report.

10. Winterbourne Review and Update

The Board received a report which provided an overview of developments and progress made to date in Peterborough in respect of the Winterbourne View Review and to satisfy itself that appropriate progress was being made.

RESOLVED

The Board noted the report.

11. Schedule of Future Meetings and Draft Agenda Programme

The Board noted that the schedule of future meetings had not been approved at Full Council yet and that the Corporate Director for People and Communities would bring to the first

meeting of the new municipal year a draft agenda programme for consideration along with proposals for governance arrangements of the new Public Health Board.

RESOLVED

The Board requested that the Corporate Director for People and Communities bring to the first meeting of the new municipal year the following:

1. A draft agenda programme for consideration
2. Proposals for governance arrangements for the new Public Health Board

1.00pm – 2.45pm
Chairman

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