
SHADOW HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2012

Present: Councillors Rayment, Bogle, Stevens, Baillie, Turner, Dr S Townsend, Mr H Dymond, Mr C Webster, Ms M Geary and Dr A Mortimore

Apologies: Councillors Dr S Ward

7. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the Minutes of the meetings held on 19th September 2012 and to deal with any matters arising, attached.

8. **REDUCING ADMISSIONS TO HOSPITAL FROM PREVENTABLE CAUSES OF PHYSICAL AND MENTAL ILL HEALTH**

The Shadow Health and Wellbeing Board considered the report of the Chair, Clinical Commissioning Group detailing how the Southampton City Clinical Commissioning Group would reduce avoidable admissions by improving the management of long term conditions and developing ways of increasing care available in the community.

The CCG had outlined its approach to achieving a healthy and sustainable system within its Clinical Commissioning Strategy 2012-17 and prioritised the following:-

- Gain more control within the system recognising that the way patients accessed services in the present system was too random and variable. More systematic arrangements were needed to drive up quality.
- Focus service redesign work on strategic priorities in mental health, early years and care for older people. The management of long term conditions in cardiovascular health, lung health, diabetes and mental health would be centred on improving care pathways, including self care, integrated care management and complex needs, but also recognised the links across pathways so that improving one would potentially help with the others.
- bringing it all together through the transformational approach of Integrated Person-Centred Care

The Board supported in principle the approaches that had been suggested and made the following points:-

- Concern that members of the public would perceive the approach as a way of saving money rather than being in the interest of the patient, therefore it may be useful to use different terminology and to have an educational/publicity programme in place as part of delivery. "Care Closer to Home" was suggested as an alternative description.
- Carers were often elderly and caution was needed in relation to pressures on carers and that this process was not about preventing admissions that needed to be.
- That the report contained limited information on mental health support and the impact of the introduction of 111 services.

- Was there confidence that GP's could provide the quality of care that would be needed?
- The Portsmouth Programme of target sessions to deliver training, peer reviews and identify steps to improve practice delivery which it was noted Southampton GP's were keen to see introduced.
- That as part of the role of the Health and Wellbeing Board a way to track lessons learnt was needed, a quarterly report was suggested.

RESOLVED

- i. That the areas of priority be supported;
- ii. That detailed consideration be given at the January meeting of the Health and Wellbeing Board to the subjects of improving mental health support and the arrangements for implementing and operating the new 111 service and the ways in which they could contribute to reducing hospital admissions; and that the appropriate representatives of Hampshire Constabulary be invited to attend; and
- iii. That a reporting system be developed to provide progress updates to the Health and Wellbeing Board.

9. **SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP PROGRESS TOWARDS AUTHORISATION**

The Shadow Health and Wellbeing Board received and noted the report of the Chair, Clinical Commissioning Group detailing progress towards the Clinical Commissioning Authorisation.

The Board noted that Southampton City Clinical Commissioning Group was currently functioning in Shadow format and was working towards Authorisation by March 2013 and would be in Wave 4 with the requirement for initial documents to be submitted on 1st November 2012 and a site visit on 14th December 2012.

The Clinical Commissioning Group had 37 constituent member GP practices working in three localities; East, West and Central serving a registered population of 265,000 with a delegated budget for 2012/13 of about £340 million. It was noted that their mission was to:

“To become an organisation that was focused on our communities, striving to make healthcare decisions relevant to those we served. We would engage meaningfully with patients and the public to seek greater ownership of and personal responsibility for health choices to achieve our goal of a healthy City for all.”

The SHIP PCT Cluster would remain the Accountable organisation for 2012/13, however PCT's would cease in April 2013 when the NHS Commissioning Board local teams, wider role for Public Health England and Commissioning Support Organisations would commence.

The Board noted that Southampton were well ahead of other areas nationally in that there were good working relationships with the NHS and the Local Authority in place.

10. **JOINT HEALTH AND WELLBEING STRATEGY**

The Shadow Health and Wellbeing Board considered the report of the Director of Public Health detailing the post workshop which took place at an informal meeting of the

Health and Wellbeing Board in November which provided for a further re-shape of the strategy taking account of stakeholder and public feedback from the consultation draft.

The Board particularly noted the revised outcomes of the informal workshop which recommended the following:-

- Consensus on the issues covered which had been endorsed by the wider consultation.
- Reduce the strategy from five priorities to three themes:
 - Theme 1 Building resilience and prevention to achieve better health and wellbeing to combine aspects of Priority 3 (work) and 5 housing
 - Theme 2 will be Best start in life
 - Theme 3 will be Ageing and living well
- The actions that emerged from the three themes needed to be
 - Achievable in number and realistic given budgetary constraints
 - Actions needed to stretch/transform outcomes
- That Director's re-look at sections and actions to be included for the next revision of the strategy.
- That the Board hold partners to account regarding delivery of health and wellbeing actions and outcomes.

RESOLVED

- i. That the strategy be revised to take account of the comments raised; and
- ii. That the three key themes be approved.

11. **JOINT COMMISSIONING STRATEGY**

The Shadow Health and Wellbeing Board considered the report of the Chair, Clinical Commissioning Group detailing the progress towards a joint commissioning strategy which had been developed on the experiences of many years of partnership work between health and social care across the City of Southampton.

The Board noted that joint commissioning had initially started with pooled budgets, using Health Act flexibilities for mental health, substance misuse and learning disabilities and joint appointments for managers to lead the work on behalf of both organisations. In 2009 work was further strengthened when the Primary Care Trust and Southampton City Council moved to a formal alignment of commissioning for Adult Health and Social Care Services with the appointment of an Associate Director to discharge leadership for both organisations.

The Board also noted that recently Southampton City Council and Southampton City Clinical Commissioning Group had confirmed their commitment to continuing with joint commissioning arrangements within the newly restructured NHS arrangements and the wish to explore opportunities for developing this further. A Joint and Integrated Commissioning Board comprising of the Clinical Commissioning Group Chair, Accountable Officer and Elected Members and Directors from the City Council were

developing proposals based on the report to further develop Joint Commissioning including the development of a shared team.

The Board noted that The Joint Commissioning Framework set out how the organisations would commission together and outlined the areas of focus for Integrated Commissioning and the organisational and governance structures required to support effective and safe implementation.

The Board made the following points:-

- It was important for the Board to track and receive detail around the provision of person centred care in order that they could challenge and act as the critical friend where necessary.
- There were three priorities that had been identified within the strategy; it was suggested that these should mirror the three themes of the Joint Health and Wellbeing Strategy for consistency.
- That an implementation programme with timelines needed to be in place as this would change the way in which business was conducted.
- That there should be a briefing for all Members of the City Council on this strategy.

RESOLVED

- i. That the principles for joint integrated commissioning outlined in the strategy be approved;
- ii. That the necessary steps be taken to ensure that the actions contained in the final version of the Joint Health and Wellbeing Strategy were reflected in future years' commissioning plans; and
- iii. That the implementation of the Strategy be supported.

12. **PROPOSED CONTENT OF REGULATIONS FOR HEALTH AND WELLBEING BOARDS**

The Shadow Health and Wellbeing Board received and noted the report of the Director of Public Health detailing a publication from the Department of Health outlining draft regulations that were proposed to be laid before Parliament in January 2013 and come into force on 1st April 2013 governing the operation of Health and Wellbeing Boards.

The Board noted that the creation of Health and Wellbeing Boards as a Committee of the Local Authority did not align with the current legislation dealing with the appointments of Committees.

The Board noted that the following areas were proposed to be clarified within the new regulations:-

- Establishment of sub-committees and delegation
- Voting restrictions
- Political proportionality requirements
- Disqualification for membership
- Application of a code of conduct and declarations of interest
- Application of transparency provisions.