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HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 23 OCTOBER 2013

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Present: Councillors Baillie, Bogle, Lewzey, McEwing and Shields  
Andrew Mortimore, Dr Steve Townsend, Dr Stuart Ward and Rob Kurn

Apologies: Alison Elliott

13. **DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS**

Councillor Shields declared a personal interest in that he was a member of Healthwatch England and a Council appointed representative of Solent NHS Trust and remained in the meeting and took part in the consideration and determination of the items on the agenda.

Councillor Bogle declared that she was a Council appointed representative of University Hospital Southampton NHS Foundation Trust and remained in the meeting and took part in the consideration and determination of the items on the agenda.

Councillor Lewzey declared that he was a Council appointed representative of Southern Health NHS Foundation Trust and remained in the meeting and took part in the consideration and determination of the items on the agenda.

14. **STATEMENT FROM THE CHAIR**

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

**RESOLVED** that the Minutes of the meeting held on 14<sup>th</sup> August 2013 be approved and signed as a correct record.

16. **THE NHS COMMISSIONING LANDSCAPE**

The Board received and noted the report of the Medical Director, NHS England, Wessex Local Area Team outlining the major elements in the NHS commissioning landscape following the Health and Social Care Act 2012 which resulted in a major re-organisation of the NHS.

The Board also received a presentation from Dr Stuart Ward, Medical Director, NHS England providing an overview of the organisation in both its national and local role.

Mr D Smith and Ms J Frelander representing "Southampton Keep our NHS Public" were in attendance and with the consent of the Chair addressed the meeting.

The Board particularly noted the following points:-

- That public accountability to NHS England would be via the national Board however from a local perspective in relation to the area teams there was an expectation that Healthwatch would be utilised to represent the public voice.
- Commissioning Support Units (CSU's) were hosted at "arms length" by NHS England.
- NHS Property Services Ltd owned the Royal South Hants (RSH) Hospital site; NHS Property Services Ltd was the landlord and took instruction from the

Clinical Commissioning Group as commissioners. The transfer of the RSH site had taken place within a legacy document from Primary Care Trusts to Clinical Commissioning Groups. The Clinical Commissioning Group made clear that the RSH was a key strategic site and would continue to be supported and developed. NHS Property Services as landlords had a responsibility to maximise and utilise estates; the RSH was utilised and as such the Clinical Commissioning Group were supportive of the transfer to NHS Property Services and as commissioners were comfortable as to the future of the RSH was not under threat as they could helpfully control access to facilities.

- Plans for vascular services in the area were being finalised by the Clinical Senate and would be published within the next week.

#### 17. **SEASONAL PLAN 2013/14**

The Board received and noted the report of the Director of System Delivery, Southampton City Clinical Commissioning Board detailing key aspects of the 2013/14 Seasonal Plan. It was noted that organisations were required to develop seasonal plans, particularly for winter to ensure business continuity and contingencies were in place for times of exceptionally high demand for local services.

Jane Hayward, Chief Executive of University Hospital Southampton NHS Foundation Trust was in attendance and with the consent of the Chair addressed the meeting.

The Board particularly noted the following points:-

- This year's readiness for a seasonal surge and clinical risk was more evenly spread throughout the Health system.
- Robust plans were in place for surge, escalation and preparedness.
- A non recurrent local fund of £3¼ million had been put in place this year, most of which had been allocated. All parties had created a change and resilience programme to facilitate the fund and changes that would want to be embedded for the future. A full evaluation would be needed of the impact of the change and resilience programme through the winter. Whilst a challenging winter was still to be faced this year it was considered that organisations were better prepared and there was better partnership working.
- Joint working with Health and Social Care was taking place to improve social care packages and domiciliary care which were longer term projects anticipated to be in place April 2014 onwards.
- £10k had also been put in place this year to facilitate patients leaving hospital and returning home.
- Capacity issues in nursing homes was an issue in discharging patients from hospital, this was currently being reviewed by Systems Chief's to see whether places that had been suspended could be opened up together with resolving longer term capacity issues by such things as re- enablement packages which would take investment and would need to be identified within existing budgets.

#### 18. **UPDATE ON USE OF FUNDING TRANSFER FROM NHS TO SOCIAL CARE IN 2013/14**

The Board received and noted the report of the Chief Executive, Southampton City Clinical Commissioning Group and Director of People, Southampton City Council providing an update on the use of funding transfer from NHS to Social Care in 2014. It was noted that the March meeting of the H&WBB had agreed proposed priorities for the

use of the funding transfer and which were based on the priorities within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care which had been used to inform the allocation of funding.

The Board noted that within the priority outcomes key areas for development were peer support to develop focus on self management and reduce incidence of relapse, development of extra care services for those with dementia and complex health needs and substance misuse prevention and early treatment.

#### 19. **UPDATE ON INTEGRATION TRANSFORMATION FUND IMPLEMENTATION**

The Board received and noted the report of the Chief Executive, Southampton City Clinical Commissioning Group and Director of People, Southampton City Council providing an update on the integration transformation fund implementation and providing details of timetables and procedures for developing pooled budgets. It was noted that the Local Government Association had issued new information as of 17<sup>th</sup> October 2013 in relation to the fund key aspects which were:-

- **Performance Related Funding**  
£1 billion (locally approximately £4.6m) of the integrated transformation fund in 2015/16 would be dependent of performance and local areas would need to set and monitor achievement of these outcomes during 2014/15. NHS England would be working with central Government on the details of the scheme but it was anticipated it would consist of a combination of national and locally chosen measures. 50% of the pay for performance element would be paid at the beginning of 2015/16, contingent on the H&WBB adopting a plan that met the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% would be paid in the second half of the year and could be based on in-year performance.
- **Finances**  
Expectations were that £2bn nationally would come from savings in existing spending on acute care. Requirements of the fund were likely to significantly exceed existing pooled budget arrangements, councils and CCG's would therefore need to redirect funds from activities to shared programmes that delivered better outcomes for individuals. Local areas may choose to add to the fund to achieve larger whole scale change.
- **Stakeholder Engagement**  
There was a need to engage from the outset with all providers, both NHS and Social Care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. A shared view of the future shape of services would need to be developed, there would also need to be an assessment of future capacity requirements across the system.

The Board particularly noted the following points:-

- The integrated transformation fund was not new money, it was money transferred from health to local authorities under a S75 agreement.
- Plans would need to be signed off by H&WBB's.
- Finalised financial figures would not be available until December 2013; currently everything was based on estimates.
- This fund would provide opportunity to review services and provide differently.
- A 5 year overarching plan would be required however it would be a 2year plan that would need to be submitted for the remainder of the 2015/16 funding

- There would be focus groups to ensure stakeholder engagement which would be separate to any budget consultation processes.
- The scale of the challenge of the integrated transformation funding was huge and would be a cultural change; colleagues would need to be supported through the processes.
- The time period for delivery of this was very short particularly given the scale of change and the pace that was needed.

20. **PROPOSAL TO JOIN THE SMOKEFREE ACTION COALITION**

The Board considered the report of the Director of Public Health detailing a proposal to submit an application on behalf of the Council to join the Smokefree Action Coalition (SFAC), the national campaign network for tobacco control. The SFAC had over 100 member organisations across the country representing health, social care, trading standards, environmental health and many other parts of civil society. Membership was free to local authorities, provided many benefits, and sent a strong message of the Council's commitment to tackling tobacco control. Smoking remained the main cause of preventable deaths in England, and was a major cause of health inequalities.

RESOLVED that the Health and Wellbeing Board submit an application on behalf of the Council for membership of the Smokefree Action Coalition.

21. **UPDATE FROM THE CHAIR, HEALTH AND WELLBEING BOARD**

The Board received and noted the report of the Chair of the Health and Wellbeing Board detailing actions taken and correspondence to the Chair since the August meeting of the H&WBB.