
HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 29 MAY 2013

Present: Councillors Baillie, Bogle, Lewzey, McEwing and Shields and
Alison Elliott, Andrew Mortimore, Dr Steve Townsend and Rob Kearn
Apologies: Councillors Dr S Ward

1. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

Rob Kearn was in attendance as the named substitute for Harry Dymond, Healthwatch.

2. **ELECTION OF CHAIR AND VICE-CHAIR**

RESOLVED:

- i. That Councillor Shields be appointed as Chair for the Municipal Year 2013/14,
and
- ii. That Dr Steve Townsend be appointed as Vice Chair for the Municipal Year
2013/14

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

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

Councillor Lewzey declared a personal interest in that he was a member of Overview and Scrutiny Management Committee and Health Overview Scrutiny Panel and remained in the meeting and took part in the consideration and determination of the items on the agenda.

Councillor McEwing declared a personal interest in that she was a member of Overview and Scrutiny Management Committee and remained in the meeting and took part in the consideration and determination of the items on the agenda.

4. **STATEMENT FROM THE CHAIR**

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

RESOLVED that the Minutes of the meeting held on 27th March 2013 be approved and signed as a correct record subject to the amendment of minute 22 to include under the proposed measures; bullet point 1 after “early” insert “referral” and delete “access”. Bullet point 3 after “increasing” insert “use of choose and book”.

Matters Arising

Minute 20 – It was noted that the Joint Health and Wellbeing Board had now been approved by the City Council’s Cabinet and the Clinical Commissioning Group.

6. **PATIENTS FIRST AND FOREMOST: THE INITIAL GOVERNMENT RESPONSE TO THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY**

The Board considered the report of the Chair, Clinical Commissioning Group detailing the initial Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Robert Francis QC (the Francis report). The Francis report and the

Governments response both raised a number of important issues for the local health and care system and told the story of an appalling breakdown of basic patient care which resulted in the death of approximately 500 patients. The Board noted that disturbingly the breakdown occurred against the backdrop of the Trust becoming a Foundation Trust with the emphasis on financial management rather than patient care. Many regulatory and supervisory bodies had concerns about the Trust's performance they failed to prevent or deal with the problems. The report identified numerous warning signs which cumulatively or in some cases singly could and should have alerted the system to the problems developing at the Trust.

The Government response set out a 5 point action plan to "revolutionise the care that people receive from our NHS". The key points were:-

- Preventing problems
- Detecting problems quickly
- Tackling action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

The Board noted that following the inquiry there would undoubtedly be opportunities for the NHS and social care systems in Southampton and the desire for those working in local organisations to do their best for their patients, clients and customers. Southampton CCG was committed to making quality the central theme of everything they did and in doing so using the transparent, supportive "no blame" approach. A Clinical Governance Committee had been set up and regular meetings with local provider trusts to discuss quality and safety issues took place.

Discussions took place in relation to:-

- Complaints and the need for them to be seen as positive rather than negative; for them to be listened to and learnt from in order to transform services.
- The importance of relationships between the Integrated Commissioning Unit and the H&WBB
- That health professionals needed to understand the relationship with patient care
- The importance of both the H&WBB and Health Overview Scrutiny Panel in supporting and encouraging a culture of quality and safety.
- That the NHS Constitution was being reviewed to include what basic care standards were and should be.

Mr Eayrs, Member of the Public was in attendance and with the consent of the Chair addressed the meeting.

RESOLVED:

- i. That the issues highlighted in the "Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC - *Patients First and Foremost*" be noted;
- ii. That the work locally within the NHS and partner organisation to respond to the challenge of the Francis Report be noted and the direction of travel of the NHS and partner organisations to foster a culture of care, with continuous improvement of quality, safety and patient experience be supported; and

- iii. That a progress report on the work locally be submitted to the Board in 9 months.

7. **STEPS TOWARDS JOINT AND INTEGRATED COMMISSIONING**

The Board considered the report of the Head of Integrated Commissioning/Director of Quality and Integration detailing progress towards joint and integrated commissioning.

The Board noted that it was seen as key to ensuring integration of Health and Social Care Services with the ambition of improving local care. The Joint Health and Wellbeing Strategy stressed the need for collective actions across the Local Authority and Clinical Commissioning Group to foster commitment, involvement and collective effort to improving the health and wellbeing of those who lived and worked across the City. Southampton City Council and the CCG had agreed a joint approach for commissioning supported by an overarching Joint Commissioning Strategy. The intention was to make best use of the combined resources to address identified priority health, social care and housing needs to achieve better outcomes. The vision was “Working together to make best use of our resources to commission sustainable, high quality services which met the needs of local people now and in the future”. The proposal was to develop a Joint Commissioning Unit to focus on effective commissioning to achieve better outcomes for identified groups of people within the population, including children and families, older people and people with mental health needs, a learning disability or life-limiting conditions. This would be achieved through integrating commissioning functions, strategies and resources across the Council and between the Council and Health and delivering the following objectives:

- Better outcomes for residents
- Better quality of services
- Significantly reduced costs

The aim was to commission to make a difference, and to ensure future Health and Social Care Services were based on the concept of “Personalisation” and prevent or delay the need for specialist support or care services where possible. Local Authority and health commissioning resources would be used jointly to encourage choice and quality of services in a sustainable market. This would be achieved against a back drop of robust processes to manage risk and keep people safe. The priorities for commissioning would directly support the achievement of the Health and Wellbeing Strategy outcomes.

The Board noted that the Joint Commissioning Unit was work in progress and would build upon existing working arrangements and priorities modelled around the Health and Wellbeing Strategy. The Unit would report to the Joint and Integrated Commissioning Board which had been established and held its first meeting. This would ensure effective collaboration, assurance and good governance across the agreed areas of Local Authority and Health Commissioning. The Integrated Commissioning Board would:

- Set commissioning priorities and approve service related strategies and action plans
- Agree joint financial, procurement and contractual arrangements

- Ensure strategic planning is implemented within the resources aligned accordingly
- Support the development of a single commissioning system which put service users and their families at the centre
- Monitor performance against plans
- Ensure effective risk management

The Health and Wellbeing Board would provide strategic direction but ultimately the Joint and Integrated Board would be accountable to the Council's Cabinet and the Clinical Commissioning Group.

The Board made the following points:-

- That it would be important for the strategic direction of the Health and Wellbeing Board to be adhered to
- Monitoring of performance against plans would be crucial
- That the Health and Wellbeing Board should be the accountable body for the Joint Commissioning Board
- That there would be issues around budgets and funding and that there would be a need to take risks and have courage which would be difficult at times
- Cultural differences of the Local Authority/Health and ensure that the best bits of the Governance arrangements were retained for future developments
- Importance of measuring success and links into quality in the absence of joint outcome framework

RESOLVED:

- i. That the support being taken to encourage integrated working and the priorities identified for Joint Commissioning be supported;
- ii. That a memorandum of understanding and protocols between the Health and Wellbeing Board and the Joint and Integrated Commissioning Board be developed and presented to a future meeting of the Board; and
- iii. That the Health Overview and Scrutiny Panel be invited to review the proposals and the memorandum of understanding and protocols to ensure that the Health and Wellbeing Board was meeting its requirements to develop integration.