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**HEALTH AND WELLBEING BOARD**  
**MINUTES OF THE MEETING HELD ON 30 JULY 2014**

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**Present:** Councillors Baillie, Lewzey, Shields and Jeffery  
Dr Andrew Mortimore, Dr Steve Townsend, Dr Stuart Ward, Rob Kurn  
and Stephanie Ramsey

**Also in Attendance:** Dr Watson, Chair of Wessex Local Medical Committee, Dr Paynton,  
Nicholstown Surgery, Dr Fosket, Weston Lane Surgery, Lucy Sutton,  
Associate Director – NHS England and Ros Cassy SKONP  
(Southampton Keep our NHS Public)

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

The Board noted the apologies of Councillor Chamberlain and Alison Elliott and that Stephanie Ramsey was in attendance and representing Alison Elliott for the purposes of this meeting.

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

**RESOLVED** that Councillor Shields be elected as Chair and Dr Townsend be elected as Vice-Chair for the 2014/2015 Municipal Year.

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

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

Councillor Lewzey declared a personal interest in 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 items on the agenda.

4. **STATEMENT FROM THE CHAIR**

The Chair made a statement in accordance with accepted practice and informed members that:-

- copies of the Director of Public Health's Annual Report 2013-2014 were now available;
- a consultation on the review of "Southampton City Council's Provided Care Services" was underway and members' views would be welcomed before the deadline, which was 21 October 2014; and
- a press release from Southampton City Clinical Commissioning Group expressing their concerns over the "Immigration Street" filming would be circulated electronically to all Board members.

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

**RESOLVED** that the Minutes of the Meeting held on 14 May 2014 be approved and signed as a correct record, subject to the following amendments:-

Minute No 55 – NHS England Specialist Services Consultation, Page 25 – Bullet point No 4 to read “the following were examples of specialist services:-“

Minute No 58 – Mental Health Crisis Care Concordant, Page 27 –

Add an additional bullet point under “The following points were highlighted:-“

- following engagement with service users, Healthwatch Southampton’s Strategic Group had prioritised mental health services as a proactive work stream to be further investigated.

Add an additional bullet point under “It was AGREED that:-“

- Healthwatch Southampton would liaise with the Health and Wellbeing Board and other partners, including the Health Overview and Scrutiny Panel, to ensure their working in engaging service users and representative organisations played a role in any wider in-depth investigation led by the Health and Wellbeing Board.

6. **SOUTHAMPTON CITY STRATEGY 2014-2025 AND COUNCIL STRATEGY 2014-2017**

The Board received and noted the report of the Director of Public Health, presenting the above two major strategies, setting out health and wellbeing aspirations that were reflected in the Joint Health and Wellbeing Strategy.

The Board further noted that:-

- the Southampton City Strategy 2014-2025 was a 10 year strategy, committing Southampton Connect to work with key city partnerships including the Health and Wellbeing Board and identified healthier and safer communities as a priority and improving mental health as one of four cross-cutting themes;
- the Council Strategy 2014-2017 also contained specific health and wellbeing commitments, identifying prevention and early intervention and the protection of vulnerable people as priorities;
- housing and health were linked and should be indicators in the framework of the strategies; and
- the relationship between the Health and Wellbeing Board and Southampton Connect should be investigated as although the Director of Public Health was a member of the Southampton Connect Board, there was no formal connection between the two partnerships.

7. **SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP (CCG) FIVE YEAR STRATEGY (2014-2019) AND TWO YEAR OPERATIONAL PLAN**

The Board considered the report of the Chair and Chief Executive, Southampton City Clinical Commissioning Group (CCG), requesting that the Health and Wellbeing Board endorse the Southampton City Clinical Commissioning Group’s Five Year Strategy.

The Board noted the following:-

- that the Five Year Strategy and associated action plans had been approved by the CCG Board in May 2014, adopted by the CCG Assembly in June 2014 and had been submitted to NHS England for assurance;
- the Strategy's five goals, detailed below, were the organising and driving aims for the CCG over the next five years:-
  - **Make care safer** by commissioning care from safe competent providers.
  - **Make it fairer** by tackling inequalities in access to care across the population.
  - **Improve Productivity (doing more for less)** by preparing the ground for a transformation in care.
  - **Shift the balance** by integrating health and care services and ensuring a better more streamlined experience for local people through the Better Care Southampton programme.
  - **Delivering Sustainable Finances** by planning strategically for sustainable finances; and
- that the Health and Wellbeing Board would hold the Southampton Clinical Commissioning Group to account in achieving its aims.

**RESOLVED** that the CCG Five Year Strategy (2014-2019) and Two Year Operational Plan was welcomed and endorsed by the Board.

## 8. PRIMARY CARE DEVELOPMENT

The Board considered the report of the Chief Executive, Southampton Clinical Commissioning Group, seeking the Health and Wellbeing Board's support of Southampton City Clinical Group's Expression of Interest for undertaking co-commissioning of primary care with NHS England.

A discussion ensued around the development and delivery of primary care and the Board noted the following issues and concerns:-

- that the concerns and challenges around primary care were not unique to Southampton and there was a recognised need for a clear strategic approach to supporting the development of general practice, to create a model of primary care that was sustainable;
- the challenges being faced included:-
  - demands on general practice from an increasing ageing population with long term conditions and complex needs;
  - increased expectations on general practice;
  - difficulties in recruiting medical students into the general practitioner service due to its increased demands, long working hours and negative media coverage;
  - many general practitioners were choosing to work overseas or opting to work part-time;
  - over the next three years 500 general practitioners would be leaving the service and out of 300 in training only 40% wanted to be full time general practitioners;
  - in Southampton and Gosport there were six surgeries in crisis as a result of these issues; and

- what the contingency plans might be to secure access to primary care in the event of practices closing and the need for a 3-5 year vision to develop a more sustainable system;
- it was important that general practitioners integrated with other parts of the health service and there was a need for a greater skill mix with other elements of the service including physiotherapy and pharmacy;
- walk-in-centres had not reduced pressure on general practice. They had been another service that brought in additional work to the NHS. However, it was noted that walk-in-centres had provided a service for homeless people. It was noted that officers would provide members with an explanation on the differences between walk-in-centres, minor injury centres and urgent care centres outside of the meeting;
- delivering 7-day working would be a challenge. It could not be delivered at practice level and would need to be organised on a wider scale. It could cover urgent care but not routine care;
- the importance of engaging with the public, not only to ascertain what primary care services were important to them, but informing them of what care could be provided and how care would be delivered in the future; and
- 99% of the population were registered with general practitioners and Health Watch were investigating how the 1% of the population who were not registered could better access services.

The Board noted that Clinical Commissioning Groups had the opportunity to apply to co-commission primary care in partnership with NHS England. Southampton City CCG had recently submitted an Expression of Interest to take on delegated responsibility for commissioning elements of primary care and would carry out defined functions on behalf of NHS England who would hold them to account for how effectively they carried out these functions. Southampton City CCG would not however, be taking on transactional operations and activities associated with these functions and would agree a contractual arrangement that allowed NHS England to discharge the functions on behalf of the CCG.

## **RESOLVED**

- i. that the Board supported Southampton City Clinical Commissioning Group's Expression of Interest for undertaking co-commissioning of primary care with NHS England;
- ii. that the Board recognised the importance of high quality primary care in delivering the ambitions of the Better Care programme;
- iii. that Southampton City Clinical Commissioning Group agreed to work with commissioners to ensure that a sustainable model for primary care in Southampton was developed whilst proceeding with caution to ensure that potential conflicts of interest were avoided; and
- iv. that a progress report on the Expression of Interest process be submitted to a future meeting of the Board.

9. **PHARMACEUTICAL NEEDS ASSESSMENT (PNA)**

The Board considered the report of the Director of Public Health, providing details of the statutory requirements and approach being taken to complete the Pharmaceutical Needs Assessment (PNA).

The following points were noted:-

- latest legislation stipulated that the Health and Wellbeing Board was responsible for completing a PNA by 1 April 2015;
- that there was a legal requirement for a 60 day consultation with stakeholders on the draft PNA;
- due to internal resource constraints and revised requirements for a PNA, it was no longer feasible for the work to be completed internally by the Public Health team and a decision had been made to contract the work to a private provider; and
- that amendments to the PNA were related to dispensing and not the range of services provided by pharmacies.

**RESOLVED**

- i. that the Board acknowledged the statutory requirements of the PNA;
- ii. that the Board acknowledged the approach being taken to complete the PNA by the statutory deadline of 1 April 2015; and
- iii. that the Board supported the stakeholder consultation element of the PNA process and that an additional pharmacist would be added to the PNA Steering Group.

10. **SOUTHAMPTON CITY POLICY STATEMENT FOR WORKING WITH CHILDREN AND ADULTS WITH LEARNING DISABILITIES WHOSE CARERS AND/OR SERVICES ARE CHALLENGED BY THEIR BEHAVIOUR**

The Board considered the report of the Director of Quality and Integration, Southampton City Commissioning, Southampton City Council, seeking the Board's endorsement for the final Joint Commissioning Policy and Action Plan for "Working with Children and Adults with Learning Disabilities whose Carers and/or Services are Challenged by their Behaviour".

The following was noted:-

- that the Winterbourne View Final Report Transforming Care released in November 2012 had initiated an investigation into physical and psychological abuse suffered by people with learning difficulties at the Winterbourne View Private Hospital;
- Transforming Care required that by April 2014, each area would have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities and mental health conditions

or challenging behaviour, in line with the model of good care set out within Transforming Care;

- that a consultation had been carried out with all relevant groups and areas; and
- that the Board commended the comprehensive and high quality report submitted for approval.

**RESOLVED** that the Board supported the final Joint Commissioning Policy Statement and Joint Action Plan for Working with Children and Adults with Learning Disabilities whose Carers and/or Services were Challenged by their Behaviour.

#### 11. **BETTER CARE SOUTHAMPTON UPDATE**

The Board considered the report of the Director of Quality and Integration, Southampton City Commissioning, Southampton City Council, providing details of the progress made towards the implementation of Better Care Southampton.

The following was highlighted:-

- that there had been a shift in emphasis for the pay of the performance element of the fund, with an increased focus on reduction of unplanned admissions and a revised plan template now required to be completed by 19 September 2014, with additional financial data around metrics, planned spend and projected savings; and
- that in revising the plan template, officers would seek to ensure that there would be minimal changes and focus of work to the original plan already submitted.

The following amended recommendations were proposed, seconded and agreed by the Board.

#### **RESOLVED**

- i. that the Health and Wellbeing Board noted recent developments in national policy concerning the Better Care Fund, as set out in the joint letter to Health and Wellbeing Board Chairs from Jon Rouse and Helen Edwards, dated 11 July, together with the revised timetable for submissions set out on 23 July and the suite of planning and technical guidance issued under cover of a letter from Andrew Ridley by NHS England on 25 July 2014;
- ii. that the Health and Wellbeing Board considered the following two principles to be inalienable:-
  - the currently approved Better Care Southampton plans had been developed in close partnership with and in a spirit of co-production between NHS Southampton City CCG, Southampton City Council, local health and social care providers including acute, community and primary care, the voluntary sector and groups representing patients, service users and the public. The Board fully recognised that the plans entailed risks and that the participating organisations had a mutual interdependence and were fully committed to successful implementation, including maximising the scope and thus impact of the pooled health and social

care budget. The Board valued and respected the involvement of all local partners in this process and considered that they had resulted in plans that were locally owned, risk assessed and robust;

- whilst it was noted that emergency hospital admissions had grown by 5.7% nationally in 2013/14, the equivalent growth locally was only 2.7% (and within this, GP referral growth was negligible). Since the first local ECIST reports in 2012 it had been acknowledged that admission avoidance schemes had been relatively successful and that the emphasis in future needs would be on reducing length of stay and improving discharge management and onward care. Therefore, local Better Care plans had sought to achieve a locally appropriate balance between reducing avoidable emergency admissions and the remaining better care outcomes that had been prioritised. That was: reducing delayed transfers of care, better reablement, reduced permanent admissions to nursing and residential care and better falls management. The Board considered that a local approach to performance improvement must retain this balanced approach; and

- iii that provided the principles set out above were satisfied and in view of the fact that no further Board Meetings were scheduled before the due date, the Board was content that following consultation with the Chair and Vice-Chair, authority be delegated to the People Director to approve the submissions required by 19 September 2014. Should principles identified in Minute ii above be compromised by anything that was proposed, an extraordinary meeting might be required to consider next steps.