
HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 29 JULY 2015

Present: Councillors Chamberlain, Jeffery, Lewzey, Shields and White
Andrew Mortimore, Rob Kurn, Dr Elizabeth Mearns, Hilary Brooks, Mark Howell and Dr Sue Robinson – Clinical Commissioning Group Chair

Also in attendance Councillor Payne – Cabinet Member for Housing and Sustainability
John Richards – Chief Officer, NHS Southampton City CCG

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

RESOLVED that Councillor Shields be elected as Chair and Dr Robinson be elected as Vice-Chair for the 2015/2016 Municipal Year.

COUNCILLOR SHIELDS IN THE CHAIR

2. **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.

Councillor White declared that he was an appointed Member of the Health Overview and Scrutiny Panel and that in addition held a position of trustee at the Hampshire Autism 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.

Councillor Jeffery declared that he was an employee of University Hospitals Southampton and took part in the consideration and determination of items on the agenda.

3. **STATEMENT FROM THE CHAIR**

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

- that following this year Central Government Budget there was now a potential delay in the implementation of funding caps set out in the Social Care Act 2014;
- that it was hoped the Children and Adolescent Mental Health Service would receive some additional funding allocated to it from NHS England;
- that governance arrangements for the Board were being reviewed; and
- that in order to ensure that the Board stayed fit for purpose there would be a review of the governance arrangements.

In addition the Vice-Chair advised the Members that the CCG was continuing to review the provision of GPs within the City and was working to ensure greater sustainability of service.

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

RESOLVED: that the minutes for the Board meeting on 25th March 2015 be approved and signed as a correct record.

5. **HOUSING AND HEALTH IN SOUTHAMPTON**

The Board considered the report of the Director of Public Health detailing the health impact and opportunities to improve health through joined up housing related approaches

The Board noted the following:

- the excess winter death rate in the City;
- the potential effects of poor quality housing on an individual's health;
- the need to improve the quality of private housing stock;
- the Council's extension of the Houses of Multiple Occupancy (HMO) Licensing scheme scheduled for October 2015;
- the need for the alignment of the strategic intent of the Council to improve the quality of housing within the City and the effects of the Council's policies on improvement to the City's housing stock, especially within the private rented sector;
- local schemes designed to improve the quality of housing.

RESOLVED that the Board acknowledged the broad range of housing and social care related services currently operating in the City and supported the recommendations set out in Appendix 1 the paper namely:

- the alignment of strategic intentions for housing and health under Health and Wellbeing Board and ensuring a strategic approach to provision of housing services for those who are most vulnerable i.e. needs based rather than self-referral.
- the protection housing initiatives that are working well, where possible, seek to evaluate the impact of local existing and new approaches on health and social care resource use and well-being.
- supporting the Health Overview and Scrutiny Panel recommendations on homelessness.
- extending the Houses of Multiple Occupation (HMO) licensing scheme to all HMOs across the City to ensure conditions in the private rented sector are improved.
- supporting strategies to encourage behaviour change and early intervention to reduce demand for social housing and adaptations.
- exploration of the use of Social Return on Investment approaches to determine future health and well-being priorities for the City.
- supporting the Southampton Warmth for All Partnership to ensure City wide partnership working on this agenda, especially in the development of bids for future funding.
- aligning the work of Southampton Warmth for All Partnership with the Better Care Programme Framework and engage the Integrated Care Board on fuel poverty agenda and potential for developing a warmth on prescription scheme.

6. **DRAFT HEALTH INEQUALITIES FRAMEWORK**

The Board considered the report of the Director of Public Health detailing the draft Health Inequalities Framework

The Board noted the following:

- The 8 key principles, detailed within the paper, that underpinned the framework:
 - a) Take evidence – informed action:
 - b) Use a life course approach:
 - c) Apply proportionate universalism
 - d) Work with local communities:
 - e) Aim for health equity in all activities:
 - f) Inter-sectoral Collaboration
 - g) Ensure impact and learn from successes and failures
 - h) Aim for continuity and sustainability:
- The Cores 6 main themes, detailed within the report, that would be developed to support and focus action on health inequalities in the City:
 - a) Early Life Interventions – Give every child the best start;
 - b) Skills Development – enable all children, young people and adults to maximize capabilities;
 - c) Employment and Work – create access to fair employment, good work for all and promote the living wage;
 - d) Healthy Environment – create and develop healthy and sustainable places and communities;
 - e) Ill Health Prevention – strengthening the role and impact of ill health prevention; and
 - f) Resilient Communities – building resilient communities, tackling loneliness and social isolation.
- The preliminary High Impact Actions set out within the report and the potential for these actions to reduce health inequalities in the City

RESOLVED that the Health and Wellbeing Board agreed the following recommendations in order to support the further development of the Health Inequalities Framework namely the:

- (i) Development of a Consultation and Engagement Process as part of Health and Wellbeing Strategy Development;
- (ii) Assigning accountability of an action and the development an implementation plan for high impact actions;
- (iii) Development of a Community Resilience Theme; and
- (iv) Ensuring that action was taken across Health and Wellbeing Board partner agencies to make both the commissioning and policy development were “Health Equality Proofed”

7. **INTEGRATED COMMISSIONING WORK PROGRAMME 2015/16**

The Board considered the report of Director of Quality and Integration detailing the Integrated Commissioning Work Programme 2015/16.

The Board noted the following:

- The depth and scope of the key commissioning themes of work for the Integrated Commissioning Unit (ICU), detailed with the paper, including:

- Early Intervention and prevention – developing an integrated early intervention and prevention offer for adults and young people, children and families
- Improving outcomes for people with Learning disabilities
- Improving outcomes for people with Mental health problems
- Improving outcomes for children and young people
- Delivering Integrated Care (Better Care)
- Opportunities for the work programme to align with the national priorities;
- That the quality element of the ICU’s work programme was unique but, was core to the standards and requirements of any commissioning;
- The potential integration of the Children’s centres across the City as a base for health services;
- The timetable for the projects across the City; and
- The percentage value the targeted savings across the budgets as a whole.

RESOLVED that the Board welcomed the priorities for Integrated Commissioning for 2015/16 and noted that consideration would be given on how the Health and Wellbeing Board will engage with areas of strategic importance to its own work programme.

8. **BETTER CARE SOUTHAMPTON PROGRESS AND PERFORMANCE**

The Board considered the report of Director of Quality and Integration detailing progress and performance of Better Care Southampton

The Board noted the following;

- The 3 key building blocks, detailed within a presentation, for performance of Better Care :
 - Person centred local co-ordinated care;
 - Responsive discharge and reablement- supporting timely discharge and recovery; and
 - Building capacity.
- There were different priorities set by each of the 6 clusters/ locality teams and Citywide objectives that over arched the teams;
- Progress to date on the 3 key buildings blocks;
- The key risks and issues in relation to the delivery and the mitigating factors
- Future plans for improvement including the:
 - establishment of a Single point of access across the system;
 - automated shared care plans; and
 - roll out to other client groups, e.g. people with learning disabilities, mental health problems, children.
- National reporting requirements; and
- Southampton City Better Care Logic Model.

RESOLVED that Board noted the progress with implementation and performance of the Better Care Southampton programme.

9. **PERFORMANCE UPDATE**

The Committee considered the report the Chair of the Health and Wellbeing Board detailing a performance update.

The Board noted the introduction of a Health and Wellbeing Performance Scorecard in order to enable the Board to assess the outcomes for key health priorities across the City and address areas requiring further action.

It was noted that the scorecard would be developed over time and marked the progress against commitments set out in the Health and Wellbeing Strategy 2013 – 16. Members were requested to assess the effectiveness of the measures and direct any potential additional measures towards the Chair.

RESOLVED that Board:

- (i) noted the progress against the commitments in the Health and Wellbeing Strategy 2013 – 2016;
- (ii) that further actions be taken to progress the commitments detailed within the Health and Wellbeing Strategy 2013 - 2016, with a particular focus on the actions that are significantly off target (red); and
- (iii) agreed the format of the Health and Wellbeing Scorecard and recommended that any changes to the measures required be brought to the Board and agreed the future reporting mechanisms; and
- (iv) agreed that any Members would direct any potential additional measures or changes to the Scorecard towards the Chair.

10. **SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP (SCCCG) QUALITY PREMIUM**

The Board considered the report of the Southampton City Clinical Commissioning Group GP Board Representative, detailing the Southampton City CCGs Quality Premium.

The Board noted the achievement of the targets set by the quality premium would result in additional funding.

It was explained that as part of the planning process for 2015/16, The Clinical Commissioning Groups (CCGs) had needed the approval of both the local Health and Wellbeing Boards and NHS England for a number of measures that the CCG would be held accountable for in the coming year. It was noted that as the deadline for submission of these plans was by 14th May 2015 and it had not been possible to ratify these at a meeting. Approval was given by the Chair and Vice- Chair and the Board and the Board were ask formally to ratify the Southampton City CCGs Quality Premium.

RESOLVED that the Health and Wellbeing Board considered the Southampton City CCGs Quality Premium and approved the proposals for the 2015/16 targets to be structured as follows:

- Urgent and Emergency Care would have an overall worth 30% of quality premium;
- Mental Health would have an overall worth 30% of quality premium; and
- Local priority measures would have an overall worth of 10% each of quality premium
 - Maternal smoking at delivery;
 - Total health gain as assessed by patients for elective groin hernia procedures.