
HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 25 MARCH 2015

Present: Councillors Baillie, Lewzey, Shields (Chair) and Chamberlain
Alison Elliott, Dr Andrew Mortimore, Dr Steve Townsend (Vice Chair) and
Rob Kurn

Also in Attendance: Councillor Payne – Cabinet Member for Housing and Sustainability
Stephanie Ramsey - Director of Quality and Integration, Southampton
City Clinical Commissioning Group (CCG)
John Richards – Chief Executive, NHS Southampton Clinical
Commissioning Group
Matthew Harrison – Commissioner, Integrated Commissioning Unit
Richard Pearce – Carer
Mike Stonehouse, Self Advocate
Alex Whitfield – Chief Operating Officer, Solent NHS Trust

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

The Board noted the apologies of Councillor Jeffery.

The Board further noted the following changes in membership which would become effective from 1 April 2015:-

Dr Sue Robinson replacing Dr Steve Townsend, Clinical Commissioning Group
Dr Elizabeth Mearns replacing Dr Stewart Ward, NHS England Wessex Local Area
Team

39. **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.

40. **STATEMENT FROM THE CHAIR**

The Chair made a statement in accordance with accepted practice and passed a vote of thanks to Dr Steve Townsend, Dr Stuart Ward, Councillor Baillie and Martin Day for their professionalism and efficiency over the past few years and wished them well for the future.

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

RESOLVED that the Minutes of the Meeting held on 28 January 2015 be approved and signed as a correct record.

Matters Arising:-

Minute No 36 (Page 5) – Improving Access to General Practice and Innovation in Primary Care – The Prime Minister’s Challenge Fund – to date there had been no announcement on the outcome of the bid for the Prime Minister’s Challenge Fund.

42. **2014 JOINT HEALTH AND SOCIAL CARE LEARNING DISABILITIES SELF-ASSESSMENT FRAMEWORK**

The Board considered the report of the Director of Quality and Integration, Southampton City Clinical Commissioning Group (CCG) detailing the second Joint Health and Social Care Learning Disabilities Self-Assessment Framework (the “SAF”) return.

The Board received a presentation from Matthew Harrison, Commissioner, Integrated Commissioning Unit. Richard Pearce, Carer and Mike Stonehouse, Self Advocate were present and with the consent of the Chair, addressed the meeting.

The Board noted the following:-

- the Self Assessment Framework (SAF) assisted services, commissioners, people with learning disabilities and their families to identify what was working well and what required improvement; and
- the SAF comprised of two comprehensive sections “data collation” and “self-assessment against nationally agreed measures”;
current assessments were :-
 - Staying Healthy – red (less effective);
 - Keeping Safe – amber (effective);
 - Living Well – amber (effective).

The Board noted the following comments from Richard Pearce and Mike Stonehouse:-

- there was a lack of information and communication when individuals with learning disabilities transferred from Children’s Services to Adult Services;
- individuals with learning difficulties were treated with respect and looked after reasonably well but there was not enough support for carers;
- 95% of people with learning disabilities were unemployed and there was insufficient funding for supported employment opportunities;
- transport for people with learning difficulties was reasonably helpful and effective but could be improved;
- many carers found it difficult to communicate with the Council in terms of their needs and could not comprehend the complicated financial letters relating to care packages sent out by the Council;
- there were still many carers who had not had a carer’s assessment and those who had, still had not been informed of the outcome of the assessment; and

- communication between the different services was very poor;

RESOLVED:

- (i) that the actions identified within the Action Plan be noted, including areas which had been self-assessed as “less effective”;
- (ii) that a further report providing details on the progress of the actions set out in the SAF be submitted to the Health and Wellbeing Board in 12 months;
- (iii) that a report providing information on employment issues for people with learning disabilities be submitted to a future meeting; and
- (iv) that the concerns relating to complicated financial letters, supported employment opportunities and carers’ assessments would be investigated by officers as a matter of priority.

43. **NHS FIVE YEAR FORWARD VIEW: NEW MODELS OF CARE**

The Board considered the report of the Chief Executive, Clinical Commissioning Group (CCG) detailing the NHS Five Year Forward View: New Models of Care.

The Board received a presentation from Alex Whitfield, Chief Operating Officer, Solent NHS Trust providing information on the Southampton City Vanguard Bid for a Southampton Multispecialty Community Provider (MCP).

The Board noted the following:-

- the NHS Five Year Forward View identified the following themes to be addressed:-
 - Health and Wellbeing – which required a radical upgrade in prevention;
 - Care and Quality – which required new models of care; and
 - Funding – which required efficiency and investment.
- the Vanguard bid for a Southampton MCP had been shortlisted but had not accepted. If the bid had been accepted it would have enabled Southampton access to a share of the £200M fund announced in NHS England allocations;
- the bid underpinned Southampton’s model of integrated care as set out in the Southampton Better Care programme and was strategically sound and widely supported;
- the overriding vision was to join up care for each and every unique person in the City requiring care;
- one team would meet the community health and social care needs of people living in geographically defined communities within Southampton; and
- the future model would be based on key pathways which were proactive, routine and urgent rather than the current model which was based on organisational providers and the MCP would be the single team providing an individual’s integrated community health and social care requirements; and

RESOLVED:-

- (i) that the proposed approach of the NHS Five Year Forward View : New Models of Care and the opportunities and barriers to be managed in moving forward with the Better Care vision be noted; and

- (ii) that the partners involved with the further development of the Five Year Forward View be supported.

44. **DEPARTMENT OF PUBLIC HEALTH ANNUAL PLAN 2014**

The Board considered the report of the Director of Public Health detailing the Public Health Annual Report 2014.

The Board noted the following:-

- the Director of Public Health had a statutory duty under the NHS Act 2006 to provide an annual report;
- the theme of the report provided a foundation for better health in the future, covering issues around the fitness of young people, mental health problems, environmental factors, air quality and healthy lifestyles and concluded with the health inequalities that existed in Southampton which necessitated significant improvement; and
- that the first bullet-pointed recommendation in the Department of Public Health Annual Plan 2014 on Page 64, under 1.3 Recommendations be changed as follows: “The Health and Wellbeing Board should create a social movement through encouraging a whole city collaborative cross-sector approach to physical activity”.

RESOLVED:-

- (i) that the Public Health Annual Report be welcomed and implications for future work of the Board be considered;
- (ii) that the persistent health inequalities detailed in the report be considered and a prioritised plan of evidence-based actions that would make the biggest contribution at local level to reduce these be agreed; and
- (iii) the recommendations made in the Director of Public Health’s Annual Report be considered in detail at the meeting on 29 July 2015.

45. **HOUSING AND HEALTH FUEL POVERTY PLAN 2014-2017**

The Board considered the report of the Director of Public Health providing details of the Housing and Health Fuel Poverty Plan 2014-2017.

The Board noted the following:-

- the Southampton Warmth for All Partnership (SWAP) was a multi-agency response to the issue of fuel poverty led by Public Health;
- an estimated 9.7% of households in Southampton suffered from fuel poverty and had below average income with above average expenditure on fuel to keep warm;
- current housing stock being built in the City was of good quality with insulation, but the quality of housing stock in the 1960’s/1970’s was inferior;
- people’s health was detrimentally affected by cold temperatures which caused respiratory illness, symptoms of arthritis (decreased mobility) and affected mental and social health;

- SWAP had agreed a three year action plan (2013-2016) to tackle fuel poverty in Southampton and annual progress reports would be submitted to the Health and Wellbeing Board with key achievements and challenges set out in the Public Health Annual Report; and
- good quality housing was a crucial factor in reducing fuel poverty and it was essential that the Cabinet Member for Housing and Sustainability was involved in the process.

RESOLVED:-

- (i) that the potential impact and ambition of the Fuel Poverty Plan be noted and methods of additional support be identified; and
- (ii) that the scope for the housing and health report to be submitted to the meeting on 29 July 2015, be agreed.

46. **BETTER CARE SOUTHAMPTON IMPLEMENTATION**

The Board considered the report of the Director of Quality and Integration, Southampton City Clinical Commissioning Group (CCG) detailing progress on the implementation of Better Care Southampton.

The Board noted the following:-

- the final Better Care Southampton Plan had been approved following the Nationally Consistent Assurance Review, which meant that Southampton could progress with full implementation of the Plan;
- the Integrated Commissioning Board (ICB) had reviewed the Section 75 Agreement and this would be finalised before 31 March 2015; the ICB would oversee the effective management and performance of the overall Partnership Agreement and each of the individual schemes within it on behalf of the CCG and Southampton City Council;
- cluster development was moving forward and the development of integrated care in Southampton was focused around six cluster areas;
- one of the key streams in the Better Care Plan was integrated rehabilitation and reablement which had the objective of integrating resources that facilitated rapid crisis response, timely hospital discharges and included preventative and recovery focused rehabilitation and reablement;
- the Community Solutions Group managed and co-ordinated the delivery of increased community involvement to support the Better Care agenda and Housing Community Solutions had been of great help in establishing this Group;
- the involvement of the voluntary sector was important as it would provide feedback on how Better Care was working in the City;
- General Practitioners (GP's) were under a great deal of pressure as they were having to take on additional work and change their way of working with the added pressure of a recruitment crisis and subsequent shortage of GP's; and
- the social care work force still had to be engaged and there was a need for a different skill set; and
- a rolling Project Assurance Report scrutinised the work being undertaken by Better Care and provided a progress summary.

RESOLVED

- (i) that progress with the implementation of Better Care Southampton be noted;
- (ii) that progress with the finalisation of Section 75 of the National Health Service Act 2006 Partnership Agreement Pooled Fund be supported and Southampton's ambition to achieve integration at scale be noted; and
- (iii) that a report on workforce development be submitted to a future meeting.