

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 19 June 2012 at 3.00 pm

Present: Councillor PM Morgan (Chairman)

Dr S Aitken, Ms J Bremner, Mr P Brown, Mrs J Davidson, Mr S Ghazawy, Mrs C Keetch, Mr H Oddy and Mr D Taylor

In attendance: Councillors JLV Kenyon and Mr L Griffin.

Officers: R Beavan-Pearson (Assistant Director –Customer Services and Communications), M Spinks (Principal Research Officer), Dr A Talbot-Smith (Consultant in Public Health Medicine), C Wichbold MBE (Grants and Partnership Officer) and T Brown (Governance Services).

1. APOLOGIES FOR ABSENCE

Apologies were received from Mr C Bull, Supt C Hill, Dr A Watts and Mr M Woodford. Apologies were also received from Councillor JG Jarvis.

2. NAMED SUBSTITUTES

Dr S Ghazawy substituted for Dr A Watts, Mr H Oddy for Mr M Woodford and Mr D Taylor for Mr C Bull.

3. DECLARATIONS OF INTEREST

There were none.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 20 March 2012 be confirmed as a correct record and signed by the Chairman.

5. UNDERSTANDING HEREFORDSHIRE - THE 2012 INTEGRATED NEEDS ASSESSMENT

The Board considered the 2012 summary Integrated Needs Assessment (INA) and the programme of work towards a “Gold Standard” Integrated Needs Assessment.

The Consultant in Public Health Medicine presented the report. She highlighted that the document was integral to the commissioning cycle, providing an explicit evidence base that would enable strategic priorities, commissioning decisions and partnership working to be based upon a clear and comprehensive understanding of need. She specifically invited comment on areas where the Board would like more in depth analysis over the coming year.

The Principal Research Officer gave a demonstration of how the information underpinning the high level summary document was made available on the Council’s website.

In discussion the following principal points were made:

- The asset base as a whole required further analysis. Carers were highlighted as a

vital asset that needed to be protected. More analysis was needed on the needs of carers including their access to healthcare services.

- It was suggested that there also needed to be more analysis of mental health and wellbeing needs.
- Changes to the welfare system and growing poverty were highlighted as issues that would have an impact on the County.
- The potential for facilitating self-help needed further consideration.
- The locality analysis was welcomed and its potential benefit to all providers acknowledged. It was emphasised that it was important that the analysis was considered in localities and the differences between localities and the need and scope for action to address these differences discussed.
- The importance of ensuring that the Board's priorities were firmly founded on the evidence and that the analysis was used to inform considerations across all organisations in the County was emphasised. When matters came before the Board for consideration evidence should be provided to demonstrate how proposals addressed the issues highlighted in the INA.
- On behalf of the Clinical Commissioning Group (CCG) it was suggested that the scheduled bi-monthly meetings of practitioners could provide a useful forum for ensuring the analysis was more widely shared.
- The potential to develop the website to make it interactive, generating user feedback and information on people's experience of services was noted.
- It would be of benefit to demonstrate in the INA summary how account had been taken of information gathered at stakeholder events.
- A view was expressed on behalf of the CCG that whilst the INA was a vital part of the evidence base there were additional sources of information of which the CCG needed to take account in forming the commissioning strategy. This included directives from the Department of Health, and qualitative issues including information gathered directly by clinicians and other frontline staff. There may therefore be instances where the priorities agreed by the CCG did not correspond precisely with those in the INA.

The consensus was that it was important that the INA captured all the available sources of information and organisations highlighted any aspects of which account had not been taken. The engagement process was designed to achieve this objective. It was recognised that having considered the available evidence organisations might reach different conclusions about priorities. However, the Board had a responsibility to assess the extent to which strategic priorities and commissioning decisions to invest or disinvest were linked to the evidence base provided by the INA.

- It was proposed that a further report be submitted to the Board in July 2012 on the rolling programme to develop the INA, taking account of issues raised during the discussion.

RESOLVED:

That (a) the document "Understanding Herefordshire" appended to the report be approved as the summary of the 2012 Integrated Needs

Assessment and it be recommended that its findings be embedded and used across all organisations in the County;

- (b) “Understanding Herefordshire” and the 2012 Integrated Needs Assessment be approved as the evidence base against which strategic priorities and commissioning decisions to invest or disinvest will be made and assessed in an open and transparent way; and**
- (c) the following areas be proposed for more in depth analysis over the coming year: the asset base, the needs of carers; and mental health and wellbeing needs; and**
- (d) a further report be submitted to the Board in July 2012 on the rolling programme to develop the Integrated Needs Assessment including enhanced analysis, capturing the additional sources of information and proposing the prioritisation of the areas of more in-depth analysis during 2012/13.**

6. HEALTH WATCH HEREFORDSHIRE

The Board considered the progress made to date regarding Healthwatch Herefordshire.

The Assistant Director – Customer Services and Communications presented the report and the appended discussion paper. Four options were set out in the discussion paper. The Board was invited to support Option 2 – providing the Healthwatch function as part of an existing not for profit organisation.

In discussion the following principal points were made:

- The consultation undertaken on the options to date was discussed. It was noted that this was ongoing. Cabinet was due to consider the proposal on 12 July 2012 and, given the tight timescale it was advised that responses would be accepted until the day before that meeting.
- The Board sought clarification on the approach across the region and was informed that a range of options were being explored. It noted that if it were to be pursued the detail of option 2 would need to be developed. Whether any local organisation would be a suitable provider would need to be established at that point.
- It was emphasised that a number of lessons needed to be learned from the operation of the Local Involvement Network, the predecessor to Healthwatch. In establishing the new function there were a number of reputational issues to consider. It was essential that the function demonstrated independence and was capable of delivering effective challenge to commissioners and providers.
- The Board acknowledged the tight timescale for putting arrangements in place and supported option 2, but on the basis that this would be for a two year period with a view to exploring procurement options after that time.

RESOLVED:

- That**
- (a) the content of the discussion paper be noted; and**
 - (b) the recommendation to pursue option 2 – that Herefordshire Healthwatch be provided through an arrangement with the local**

voluntary sector be supported, on the basis that this was for a two year period with a view to exploring procurement options after that time.

7. HEALTH AND WELLBEING COMMUNICATIONS AND ENGAGEMENT STRATEGY AND PARTNERSHIP WORKING

The Assistant Director – Customer Services and Communications presented the report.

The Board discussed a number of recent communication and community engagement issues that had arisen. The Assistant Director confirmed that lessons had been learned from these episodes and the strategy was designed to address them.

The Board proposed that a further report should be made on how the Strategy was being implemented and an informal sub-group be formed to provide a sounding board.

RESOLVED:

- That**
- (a) the report be noted and the Board continue to support the implementation and development of the joint communications and engagement strategy, as appended to the report;**
 - (b) the further local integration of communications and engagement working be supported in line with the model set out at page 88 of the agenda papers; and**
 - (c) a further report be made to the Board on how the Strategy is being implemented; and**
 - (d) an informal sub-Group of Board Members be formed to provide a sounding board for the development and implementation of the Strategy.**

8. HEALTH AND WELLBEING BOARD WORK PLAN

The Board noted the Work Plan.

The Chairman outlined the intention to hold some meetings at external venues incorporating visits to service providers and to undertake other activities through which the Board and its Members could raise the Board's profile.

9. WORKSHOP UPDATE

The Chairman reported that work to take account of the outcomes of the last workshop had been completed and a draft paper would be circulated.

10. FUTURE MEETINGS

The Board noted the list of scheduled meetings.

The meeting ended at 5.03 pm

CHAIRMAN