

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 18 September 2012 at 3.00 pm

Present: Councillor PM Morgan (Chairman)

Mr C Baird, Ms J Bremner, Mr P Brown, Mr CJ Bull, Supt C Hill, Mrs C Keetch Ms E Shassere, Mr D Smith and Dr A Watts

In attendance: Councillor JLV Kenyon

Officers: D Taylor (Deputy Chief Executive and Director of Corporate Services), C Gritzner (Chief Operating Officer - Clinical Commissioning Group), T Brown (Governance Services).

11. APOLOGIES FOR ABSENCE

Apologies were received from Mr S Clee, Mrs J Davidson and Mrs J Newton.

12. NAMED SUBSTITUTES

C Baird substituted for J Davidson.

13. DECLARATIONS OF INTEREST

There were none.

14. MINUTES

RESOLVED: That the Minutes of the meeting held on 19 June 2012 be confirmed as a correct record and signed by the Chairman.

15. PRIORITIES REPORT FROM THE HEALTH AND WELLBEING STRATEGY TASK AND FINISH GROUP

The Board considered work undertaken to develop priorities to contribute to the Health and Wellbeing Strategy.

The Director of Public Health presented the report. She informed the Board that the lists of priorities received from Board Members had been consolidated into the following three main areas: sustainability of the health and social care system, demand management and crisis prevention. She emphasised that the intention was the Board would not duplicate the work of other organisations but pursue the core purpose it had identified for itself of strategic leadership of the health and social care system.

It was proposed that members of the Board should lead the further detailed work on each of the three areas identified and expressions of interest were invited.

In discussion the following principal points were made:

- It was noted that the Health and Wellbeing Strategy would need to be approved by March 2013. It was suggested that this was a tight timescale and a timetable for completing the Strategy should be produced.
- The terms of reference for the pieces of work on each of the three main areas of work identified and support arrangements needed to be developed to ensure the task was manageable and took account of the work being undertaken by other organisations. One of the aims was to ensure that the Health and Wellbeing Board provided leadership and that the revised Strategy reflected the strategies of other organisations in order to deliver the agreed outcomes.
- That it was important to ensure that the Strategy was not simply aspirational but was pragmatic and deliverable and linked to the commissioning process.
- The Board needed to ensure that it made the most of the linkages available to it as a result of those represented within its membership.

RESOLVED:

- That**
- (a) the approach taken by the task and finish group to the priorities submitted by Board members to progress the Health and Wellbeing Strategy be noted;**
 - (b) the Health and Wellbeing Strategy priorities be clustered into three main areas: sustainability of the health and social care system, demand management and crisis prevention;**
 - (c) members of the Board be invited to express an interest in leading the further work required on each of the three areas identified;**
 - (d) a timetable for completing the Health and Wellbeing Strategy should be produced; and**
 - (e) a further report be made to the next formal meeting of the Board.**

16. DEVELOPING A CLINICAL COMMISSIONING STRATEGY

The Board considered an update on the development of Herefordshire's Clinical Commissioning Strategy.

Dr Watts presented the report. He informed the Board that the Strategy was still in draft form and was being developed on the basis of joint work with the Strategic Health Authority (SHA) who required the strategy to include a clear statement on clinical principles. The work with the SHA was also taking account of the financial pressures facing Wye Valley NHS Trust (WVT) and the need for additional financial support.

The Strategy expressed the view that the County's geography required core services to be retained at Hereford hospital. However, for clinical reasons relating to the sustainability of services specialisms would need to be delivered in different ways, working with partners.

The development of clinical pathways was a key element of the strategy. The fact that there was one clinical commissioning group, one local authority and one acute hospital offered scope to make progress in this area.

In discussion the following principal points were made:

- On behalf of WVT it was stated that the strategy was logical and appropriate. The Trust was not alone in the complex problems it faced. These could not be solved within the County on its own. A wider solution was required which would require the support of the SHA.
- The overall objective was to deliver safe, sustainable and effective services in the right place. This could mean some services being provided locally and some elsewhere. However, it was essential to be able to demonstrate that effective services were locally accessible.
- The Strategy needed to recognise that the sustainability of the healthcare system required greater integration of health and social care based on the vision for the Integrated Care Organisation. The priorities the Board had identified for the Health and Wellbeing Strategy in the previous item on the agenda: sustainability of the health and social care system, demand management and crisis management had a clear link to the clinical commissioning strategy.
- The capacity of the provider market was questioned. It was acknowledged that further work needed to be undertaken on this aspect.

RESOLVED:

- That**
- (a) the principle and rationale behind the Clinical Strategy be endorsed;**
 - (b) the Board would engage with and contribute to the development of the strategy and that further iterations be presented and discussed at future meetings; and**
 - (c) the timetable and process for development and agreement of the CCGs Commissioning intentions be noted.**

17. WEST MERCIA CLUSTER - QUALITY HANDOVER BRIEFING

The Board noted the West Mercia Cluster quality handover briefing.

It was agreed to request that future updates showed current progress and specifically identified the risks to quality of service through the transition process and what was being done to minimise those risks.

18. UPDATE ON FINANCIAL POSITION FOR ADULT SOCIAL CARE AND ROOT AND BRANCH REVIEW OF OLDER PEOPLE

The Board was informed of the in-year financial position of adult social care, including measures to achieve transformation and savings and the work of the root and branch review for older people.

The Assistant Director for People's Services presented the report. He highlighted the financial pressures on adult social care but emphasised that there was a wish to avoid actions that simply transferred costs to other parts of the health and social care system.

The importance of an effective working relationship between the local authority and the Wye Valley NHS Trust was acknowledged.

19. DEPARTURE OF CHIEF EXECUTIVE

The Leader of the Council observed that this was the last formal Board meeting to be attended by Chris Bull, Chief Executive Herefordshire Public Services.

On behalf of the Board he thanked Mr Bull for his contribution to the Healthcare system in Herefordshire.

The meeting ended at 4.10 pm

CHAIRMAN