

AGENDA

Health and Wellbeing Board

Date: **Tuesday 22 January 2013**

Time: **3.00 pm**

Place: **Council Chamber - Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

Tim Brown, Governance Services

Tel: 01432 260239

Email: tbrown@herefordshire.gov.uk

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman

Councillor PM Morgan

**Paul Bates
Jacqui Bremner
Peter Brown
Shaun Clee
Jo Davidson
Claire Keetch
Jo Newton
Supt Ivan Powell
Elizabeth Shassere
Derek Smith
Dean Taylor
Dr Andy Watts**

Healthwatch
Local Involvement Network
Herefordshire Business Board
Chief Executive, 2gether NHS Foundation Trust
Director for People's Services
Third Sector Board
Chair – West Mercia Cluster
West Mercia Police
Director of Public Health
Wye Valley NHS Trust
Acting Chief Executive Herefordshire Council
Chair - Clinical Commissioning Group

AGENDA

		Pages
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.	
2.	NAMED SUBSTITUTES (IF ANY) To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
3.	DECLARATIONS OF INTEREST To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
4.	MINUTES To approve and sign the Minutes of the meeting held on 18 September 2012.	1 - 4
5.	CLINICAL COMMISSIONING GROUP PLANNING To provide an update on the timetable, progress and initial content of NHS Herefordshire's Clinical Commissioning Group's planning submission in relation to the NHS Everyone Counts Planning Framework for 2013/14; to outline how this aligns with and underpins the work of the Health and Wellbeing Board and Joint Health and Wellbeing strategy, and uses the Joint Strategic Needs Assessment as its key evidence base; and engage and involve the Board in the development of the CCGs plans for 2013/14 and beyond.	5 - 8
6.	HEALTH AND WELLBEING BOARD WORK PLAN To note the Board's work plan.	9 - 14
7.	DATES OF MEETINGS The following meetings have been scheduled all starting at 3.00pm: 2013 Tuesday 22 January Tuesday 19 February Tuesday 19 March Tuesday 16 April New Dates 2013 Tuesday 21 May Tuesday 18 June Tuesday 9 July Tuesday 17 September	

Tuesday 22 October

Tuesday 19 November

Tuesday 17 December

2014

Tuesday 28 January

Tuesday 11 February

Tuesday 18 March

Tuesday 15 April

Tuesday 20 May

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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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, Mrs C Keetch 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 (IF ANY)

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 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

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	22 JANUARY 2013
TITLE OF REPORT:	CLINICAL COMMISSIONING GROUP PLANNING

Wards Affected

County-wide

Purpose

The purpose of this short report and associated presentation is to:

- update the Health and Well-being Board (HWBB) on the timetable, progress and initial content of NHS Herefordshire's Clinical Commissioning Groups planning submission in relation to the NHS Everyone Counts Planning Framework for 2013/14
- outline how this aligns and underpins the work of the Health and Wellbeing Board and Joint Health and Wellbeing strategy, and uses the JSNA as its key evidence base
- engage and involve the Health and Wellbeing Board in the development of the CCGs plans for 2013/14 and beyond

A presentation will be provided to the board outlining in more detail some of the key elements of the planning work being undertaken by NHS Herefordshire Clinical Commissioning Group, and the main priorities of the NHS planning framework.

Recommendation(s)

THAT the Health and Wellbeing Board agree:

- **the key priorities and programmes of the CCG**
- **that the CCG plans support and align to the Joint Health and Wellbeing strategy**
- **Agree to be further engaged and consulted on NHS Herefordshire CCGs plan**

Key Points Summary

- Herefordshire faces a number of specific health challenges related to a largely rural, sparsely populated geography and a relatively underdeveloped provider market. Transforming the Herefordshire Local Health Economy to put the patient and the public at the centre will therefore depend on realising efficiencies and providing better quality of care. The Health and Social Care system also faces severe financial pressures that need to be addressed to ensure it continues to be sustainable and deliver good outcomes for the residents of Herefordshire.

Further information on the subject of this report is available from
Mike Emery – 01432 344 344



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- The National Commissioning Board published on the 18th December its planning guidance – ‘Everyone Counts; Planning for Patient’s 2013/14’. Its central themes revolve around ensuring an outcome-based, joined up approach to planning focused on the patient. With a spotlight on 24/7 services, greater transparency, improved data to inform commissioning and increased patient participation in planning and decision making. Herefordshire CCG has to make a variety of submissions to the NCB related to the plan; this includes by the 25th January ‘a plan on a page’ and several key planning and financial templates. With subsequent iterations required during March and April 2013.
- To ensure that the NHS HCCG is clear concerning its major priorities for 13/14, it is also developing its Business Plan for 13/14. This describes the HCCG vision and objectives; its interdependencies with other key strategic documents and its organisational development milestones. The plan therefore aims to link/support and align with partners’ local plans and priorities i.e. JSNA, JHWS and Local Authority Corporate Plan, as well as national and regional priorities e.g. National Outcomes Frameworks. The plan will outline the CCGs key programmes for 13/14 but also describes its key focus and objectives for 14/15 and 15/16.
- The plan is a central element of the strategic and planning framework that will support the delivery of improved outcomes for the residents of Herefordshire, particularly in regard to the continued development of neighbourhood and community teams and primary care development that are a pivotal aspect of the desired transformational change in Herefordshire’s Health and Social Care system. It will build on the CCGs Clinical Commissioning Strategy that was consulted on and approved in October 2012.
- Currently the modelled financial challenge for Herefordshire CCG is £9m. Schemes are currently being developed across partner organisations to deliver this level of saving targets in a way to support the health economy as a whole; this is part of the iterative planning process for Everyone Counts. The CCG is required to show a reasonable level of contingency at one per cent, one per cent surplus and 2 per cent transformational reserve. The CCGs currently expected allocation is £208m.
- To this end Herefordshire CCG want to ensure that the HWBB are significantly involved over the next 2 to 3 months in developing the CCGs plans for 13/14 and beyond. The CCG is committed to ensuring that it develops a plan and transformational programme that engages and supports the HWBB work. As part of the meeting on the 22nd January the CCG will therefore present in more detail to the board some of its planned key areas of focus but also highlight areas where decisions are yet to be made on the CCGs priority areas e.g. Roll-out of map of medicine or cardiovascular improvement programme and involve the HWBB in a prioritisation debate. It is intended that a slide pack to support this session will be issued before the meeting.

How will your report meet the vision and guiding principles of the HWBB?

- The CCG Business Plan is designed to support the delivery of the HWBB vision, as well as aligning to national and regional priorities.
- The CCG is playing an active role on the design and delivery of the JHWS leading on the development of the sustainable system strand of this strategy.

Reasons for Recommendations

- The Health and Wellbeing Board is a primary stakeholder in Herefordshire’s Health and Social Care economy; it is responsible for delivering Herefordshire’s Joint Health and Wellbeing



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strategy and its JSNA (*Understanding Herefordshire*). It will therefore need to assure itself that the local authority and the CCG is commissioning services in line with its vision and principles, and it supports the delivery of the HWBB intended vision and principles around delivering a sustainable health and social care system and effective demand management.

Key Considerations

- The NHS CCG plan is a vital components of the health and social planning framework; they will guide and inform commissioning plans and intentions over the next 12 months, and will support Clinical Commissioners in their work over the coming year. HWBB members need to assure themselves that the plans support and align to its priorities and will assist in responding to the JSNA recommendations.

Community Impact

- Engagement events with Clinicians and residents will feed into the development of the plan. The plan will need to support and align to the Joint Health and Wellbeing strategy, going forward to ensure it supports the delivery of improved health outcomes. One of the CCGs central values is putting '*patients and residents at the heart of everything it does*'; key to this will be robust community engagement over the coming years, as it develops future plans.

Equality and Human Rights

- The plan will outline the HCCGs commitment to Equality, diversity and human rights it states for example:
 - Ensure PSED and consideration of vulnerable groups is embedded within our Commissioning cycle;
 - Work locally with other Hereford Public Services as a member of Equality and Diversity Forum;
 - Embed it as a key element of its governance processes and values;
 - Ensure that all providers comply with PSED and that it forms part of contract schedules; and
 - Make certain that Quality and Equality Impact Assessment are undertaken on QIPP schemes and programmes

Financial Implications

- The plans will need to respond to the significant challenges faced by the Health and Social Care System as a whole. In including the significant QIPP challenge and Cost improvement Plans faced by the CCG and NHS providers, alongside the financial pressures faced by the local authority.

Consultees

- The HCCG plan will be developed with HWBB board members and Commissioners in Herefordshire Public Services.

MEETING	HEALTH AND WELLBEING BOARD
DATE:	22 JANUARY 2013
TITLE OF REPORT:	HEALTH AND WELLBEING BOARD WORK PLAN
REPORT BY:	HEALTH AND WELLBEING GRANTS AND PARTNERSHIP OFFICER

1. Classification

Open

2. Wards Affected

County-wide

3. Purpose

To note the Board's work plan. (A copy is attached)

4. Appendices

4.1 Health and Wellbeing Board Work Plan

5. Background Papers

4.1 None identified.

HEALTH AND WELLBEING BOARD
WORK PLAN JAN 2013 TO MAY 2014
TIMELINE OF ACTIVITIES AND DECISIONS UPDATED
08 JANUARY 2013

DATES	BOARD MEETINGS
	NB ALL MEETINGS RUN FROM 3pm – 5pm
22 Jan 2013	Sustainability of the health and social care system (AW) <ul style="list-style-type: none"> • CCG approvals
PUBLIC 19 Feb 2013	Board processes and operations <ul style="list-style-type: none"> • Formalise governance and membership • Healthwatch approval (TBC) Sustainability of the health and social care system (AW) <ul style="list-style-type: none"> • CCG approvals (AW) • CCG Commissioning plans approval (A Watts) • Council Commissioning approval (C Baird) Demand management (ES) <ul style="list-style-type: none"> • HWB strategy update (DPH) • PH transfer to Council approval (DPH) Crisis prevention (CK) <ul style="list-style-type: none"> • Safeguarding update
PUBLIC 19 Mar 2013	Board processes and operations <ul style="list-style-type: none"> • Healthwatch live (TBC) Sustainability of the health and social care system (AW) <ul style="list-style-type: none"> • Sign off commissioning contracts (Andy Watts) Demand management (ES) <ul style="list-style-type: none"> • HWB Strategy approval (DPH) Crisis prevention (CK)
PUBLIC 16 April 2013	Board becomes fully functioning Health and Well Being Board Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)

21 May 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
18 June 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
9 July 2013	Board processes and operations <ul style="list-style-type: none"> • JSNA Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
17 Sept 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
22 October 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
19 Nov 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
17 Dec 2013	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
28 January 2014	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
11 February 2014	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
18 March 2014	Board processes and operations

	Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
15 April 2014	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
20 May 2014	Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)
October 2015	Sustainability of the health and social care system (AW) <ul style="list-style-type: none"> • Pharmaceutical needs assessment

Notes:

1. *Workshop denotes meeting where no decisions are formally taken or approved*
2. *Scheduling is indicative in some cases and will be firmed up as part of the joint agenda planning work*
3. *Work Plan will be updated each month*

Initials CK- Claire Keetch ES – Elizabeth Shassere AW – Andy Watts	
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