

**MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 19 February 2013 at 3.00 pm**

**Present:** Councillor PM Morgan (Chairman)

Mr P Bates, Ms J Bremner, Mr P Brown, Mr S Clee, Mrs J Davidson,  
Mrs C Keetch, Supt Ivan Powell, Ms E Shassere, D Taylor and Dr A Watts

**In attendance:** Councillor C Nicholls. M Pert (National Health Service Commissioning Board Local Area Team)

**Officers:** C Gritzner (Chief Operating Officer – Herefordshire Clinical Commissioning Group), G Hardy (Governance Services Manager), M Seaton (Interim Assistant Director Adult Strategic Commissioning), C Wichbold MBE (Health and Wellbeing Grants and Partnership Officer) and T Brown (Governance Services).

**28. APOLOGIES FOR ABSENCE**

Apologies were received from Mrs J Newton.

**29. NAMED SUBSTITUTES**

None.

**30. DECLARATIONS OF INTEREST**

None.

**31. MINUTES**

It was agreed that further discussion was needed in relation to resolution b in Minute no 24 relating to Clinical Commissioning Group planning.

**RESOLVED:** That the Minutes of the meeting held on 22 January 2013 be confirmed as a correct record and signed by the Chairman, subject to further discussion of Minute no 24 resolution b.

**32. HEALTH AND WELLBEING STRATEGY - UPDATE**

The Director of Public Health informed the Board that work on the development of the Health and Wellbeing Strategy was continuing and further updates would be provided.

**33. CLINICAL COMMISSIONING GROUP - UPDATE**

The Board was invited to express its views on the timetable, progress and initial content of the Clinical Commissioning Group's (CCG) planning submission in relation to the NHS Everyone Counts Planning Framework for 2013/14 and associated developments; and to note the intention to engage and involve the Health and Wellbeing Board in the development of the CCG's plans for 2013/14 and beyond.

Dr Watts presented the report. He highlighted the three key local priorities described in the report (voluntary priorities, rather than nationally mandated ones of which there were several): development of community teams and virtual wards; introduction of a map of medicine; and improvement of dementia services. He informed the Board that he considered these local priorities were consistent with the principles of the Health and Wellbeing Strategy.

In discussion the following principal points were made:

- In relation to the use of the “map of medicine” it was requested that the map contained reference to the need to inform carers as well as patients of the contents of the relevant map. It was suggested that the map should also include reference to preventative measures and the rehabilitation and independence of patients.
- Clarification was requested of the funding available to deliver the three key local priorities. Dr Watts confirmed that the CCG budget, in common with other CCG budgets, had to provide for a two per cent non-recurrent transformational reserve from which funding for such projects would be drawn. The release of funding was subject to approval of business cases by the relevant National Commissioning Board Local Area Team. Whilst some progress would be made on the three priorities the pace and extent would depend on the amount of funding released. It was suggested that the Local Authority and the CCG should discuss whether there was scope for funding to be pooled to assist in delivering these priorities.
- The Board discussed a proposal it had previously made that an Older People’s Group be established to focus on delivery of objectives for those services. It was noted that, given that a very high percentage of services commissioned related to services for older people, there was a danger that such a Group would be overwhelmed. It was suggested that a better course would be to use existing groups to focus on the delivery of specific strategies within their sphere.
- That from the Healthwatch perspective it was recognised that the plan on a page was a high level plan. However, it was important to provide some context for the discussion of plans with the public. For example, the document contained no reference to the financial constraints in a time of austerity and the bearing these had upon what could be delivered. It was also important that engagement with the public took place early on in the process of developing more detailed plans.
- That it was important that assurance was provided to the Board that effective communication and engagement plans were in place.
- That a lot of work had already been done to gauge public opinion on a range of service issues and maximum use should be made of the information already held before staging further engagement events. In particular a further one-off engagement meeting should be firmly resisted at this stage. The role of Healthwatch in facilitating engagement in the development and implementation of plans was noted.
- With reference to resolution b of minute no 24 of the Board’s meeting on 22 January 2013 relating to CCG planning it was proposed that a report should be made to the Board on principles that would provide a framework for decisions on decommissioning services.

**RESOLVED:**

**That (a) the Board agreed that the 3 key local priorities identified in the report: development of community teams and virtual wards;**

**introduction of map of medicine and improvement of dementia services were consistent with the principles of the Health and Wellbeing Strategy;**

- (b) assurance be provided to the Board regarding arrangements for communication and engagement; and**
- (c) a report be submitted to the Board by the Clinical Commissioning Group on principles that would provide a framework for decisions on decommissioning services.**

#### **34. COUNCIL COMMISSIONING PLAN - ADULTS**

The Board was presented with a report on the Adult Transformation Programme in Herefordshire designed to deliver financial sustainability over the next 3 years.

A report had been circulated in advance of the meeting. A plan on a page setting out Herefordshire's approach to the adult transformation programme for 2013/16 was appended to the document.

The interim Assistant Director Adult Strategic Commissioning presented the report.

In discussion the following principal points were made:

- That the financial context and the implications this had for the delivery of the plan on a page needed to be referred to in the plan.
- The delivery of a transformation programme, as outlined, required a whole system approach. The Board considered how best it could exercise its system leadership role in this context and discussed the merits of establishing a dedicated transformation board. It was proposed, noting that various such mechanisms had previously been explored and there were a variety of arrangements already in place, that a report should be submitted to a future meeting setting out options on how system leadership could be delivered and the governance arrangements that needed to be in place to support delivery.

#### **RESOLVED:**

- That (a) Herefordshire's approach to the adult transformation programme – plan on a page 2013/16 be supported, subject to reference being made to the financial context and its implications for delivering the plan; and**
- (b) a report be submitted to the Board to demonstrate how system leadership can be delivered and the governance arrangements in place to support delivery.**

#### **35. HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS**

The Board was invited to express its views on future governance arrangements prior to the Council considering the Board's formal establishment.

A report was circulated at the meeting. This contained draft terms of reference and a paper setting out various options and considerations for the Board to discuss.

The Governance Services Manager presented the report. He informed the Board that Regulations had only recently been received but these had left a number of questions about the Board's operation unanswered. National guidance had also been promised but was still awaited.

In discussion the following principal points were made:

- The Regulations provided that all Members of the Board could vote unless the Council directed otherwise. Members discussed the merits of all Members having a vote. Some Members indicated that they did not wish to have voting rights because of concerns about a potential conflict of interest and the possibility that this might inhibit their contribution to discussions. The consensus was that voting rights should therefore be restricted to the statutory core membership of the Board.
- The Board noted that the Council's Code of Conduct would apply to all Board Members. It was requested that arrangements be made to familiarise Members with the Code and the requirements this placed upon them.
- The Board had previously agreed that each Member should have a designated substitute. It was noted that because of the commitments facing Board Members it would be helpful to make arrangements for there to be more than one designated substitute for each Member. It was recognised, however, that it would be desirable to maintain continuity of attendance as far as possible.
- It was proposed that the existing membership of the Board be supported as far as practicable with the addition of one Councillor, a National Health Service Commissioning Board Local Area Team Representative and the appointment of a representative of a Carers support organisation.
- It was suggested that quarterly meetings of the Board in public would be sufficient to manage the formal business of the Board. However, the other scheduled meeting dates should be kept free for development work and other informal meetings and briefings arranged as considered appropriate.

**RESOLVED:**

- That (a) the Board's draft Terms of Reference be supported in principle;**
- (b) the restriction of voting to the statutory core membership as specified in the Health and Social Care Act 2012 be supported;**
  - (c) the appointment of one additional Councillor to the Board be supported;**
  - (d) the appointment of a National Health Service Commissioning Board Local Area Team Representative be supported;**
  - (e) the continuation of the existing membership of the Board be supported as far as practicable;**
  - (f) the appointment of a representative of a Carers support organisation be supported;**
  - (g) provision be made for it to be possible to nominate more than one person to serve as a designated substitute for a Board Member to seek to ensure representation at each meeting;**

- (h) quarterly decision making meetings of the Board in public should be supported, supplemented by additional meetings if necessary and development and other informal meetings and briefings arranged as considered appropriate; and
- (i) the application of the Council's Code of Conduct to Board Members be noted and Members advised of the requirements this placed upon them.

**36. HEALTH AND WELLBEING BOARD WORKPLAN**

The following addition to the Board's work plan was proposed: quarterly updates from the Herefordshire Partnership Executive Group.

The Director of Public Health informed the Board that there had been significant delays to the preparations for some important aspects of the public health transition, and this may delay reporting to the next Board meeting. Work to rectify the situation was ongoing.

**37. DATES OF MEETINGS**

Noted.

The meeting ended at 5.05 pm

**CHAIRMAN**