

# AGENDA

## Health and Wellbeing Board

Date: **Tuesday 19 February 2013**

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Time: **3.00 pm**

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Place: **Council Chamber - Brockington**

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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](mailto:tbrown@herefordshire.gov.uk)

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If you would like help to understand this document, or would like it in another format or language, please call Tim Brown, Governance Services on 01432 260239 or e-mail [tbrown@herefordshire.gov.uk](mailto:tbrown@herefordshire.gov.uk) in advance of the meeting.

# 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  
Ivan Powell  
Elizabeth Shassere  
Derek Smith  
Dean Taylor  
Dr Andy Watts**

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

## AGENDA

		Pages
1.	<b>APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
2.	<b>NAMED SUBSTITUTES (IF ANY)</b> To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
3.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
4.	<b>MINUTES</b> To approve and sign the Minutes of the meeting held on 22 January 2013.	1 - 4
5.	<b>HEALTH AND WELLBEING STRATEGY - UPDATE</b> To receive an update on the Health and Wellbeing Strategy.	
6.	<b>CLINICAL COMMISSIONING GROUP - UPDATE</b> To update the Board 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 and associated developments; and engage and involve the Health and Wellbeing Board in the development of the CCGs plans for 2013/14 and beyond.	5 - 10
7.	<b>COUNCIL COMMISSIONING PLAN - ADULTS</b> To invite the Board's views on the Council's plans. (To follow)	
8.	<b>HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS</b> To receive an update on governance arrangements for the Board.	
9.	<b>HEALTH AND WELLBEING BOARD WORKPLAN</b> To note the Board's work plan.	11 - 14
10.	<b>DATES OF MEETINGS</b> The following meetings have been scheduled all starting at 3.00pm: Tuesday 19 March 2013 Tuesday 16 April 2013 Tuesday 21 May 2013 Tuesday 18 June 2013 Tuesday 9 July 2013 Tuesday 17 September 2013 Tuesday 22 October 2013 Tuesday 19 November 2013 Tuesday 17 December 2013 Tuesday 28 January 2014 Tuesday 11 February 2014 Tuesday 18 March 2014 Tuesday 15 April 2014 Tuesday 20 May 2014	



## **Herefordshire Health and Wellbeing Board**

### **Vision and guiding principles July 2012**

**Vision:** Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

**Overall outcome:** To increase healthy life expectancy and reduce differences in life expectancy and healthy life expectancy between communities.

#### **Principle 1: personal responsibility**

People should be responsible for their own health and wellbeing, and should try to stay fit, well and independent for as long as possible. Herefordshire Health and Wellbeing Board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

#### **Principle 2: information and support**

People can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it, so that they can make informed decisions about what they need to do to remain healthy.

#### **Principle 3: sustainable services**

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

#### **Principle 4: working together**

Publicly funded services will be delivered in conjunction with the resources of family, friends and community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity.

#### **Principle 5: a lifecourse approach**

There are differences in people's health and wellbeing that start before birth and accumulate throughout life. It is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

#### **Principle 6: the ladder of interventions**

Health and wellbeing issues will be addressed, where possible, through the 'ladder of intervention', which provides a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

#### **Principle 7: five ways to wellbeing**

The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) will be used by Herefordshire Health and Wellbeing Board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

## **Understanding Herefordshire – The 2012 integrated needs assessment**

Understanding Herefordshire provides a single integrated assessment of the needs of the people of Herefordshire, bringing together the Joint Strategic Needs Assessment (JSNA) and the State of Herefordshire Report.

It is integral to the commissioning cycle, providing an explicit evidence base that will enable strategic priorities, commissioning decisions and partnership working to be based upon a clear and comprehensive understanding of need.

It also provides a mechanism to evaluate the effectiveness of commissioning decisions and of interventions, with the ability to monitor or “track” progress over time.

Understanding Herefordshire explicitly identifies the underlying factors relevant to the Health and Wellbeing Board’s vision that Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

The essential point of the Integrated Needs Assessment is that it be used to influence and inform future decision-making.

Recommendations from Understanding Herefordshire are that we:

- Be proactive about our changing demographics, identifying the predicted rise in need for services and ways to address it.
- Develop the infrastructure, services and support networks needed to enable people to live independently. As well as direct service provision this will include housing and accommodation that facilitates independence, the economy, spatial planning, transport, engagement with the third sector and communities, and support for carers.
- Continue to build on a community based approach, developing our assets of volunteers, carers, third sector organisations, active communities and statutory services.
- Adopt this community based approach to provide comprehensive and integrated services and support for people living with Dementia.
- Ensure that the environment and infra-structure enables people to make healthy choices such as cycling and walking, as well as supporting economic growth and improved connectivity.
- Target preventative activities at the major causes of morbidity and premature mortality, in particular smoking, alcohol and falls.
- Make childhood obesity a priority for all stakeholders, tackling the underlying causes as part of a joined up strategy.
- Ensure continued improvement for Early Years and Foundation Programme, primary and secondary school children to achieve top quartile performance.
- Ensure the various strategies targeting families living in poverty are joined up to provide an integrated response.
- Address social inequalities through a comprehensive approach, encompassing opportunities such as employment as well as lifestyle behaviours, access to services and community engagement.
- Undertake more in depth analysis in the following areas:
  - Domestic violence
  - The care needs of people with learning disabilities
  - Impact of changes to the welfare system, particularly on families

# **The Public's Rights to Information and Attendance at Meetings**

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- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

## **Public Transport Links**

- Public transport access can be gained to Brockington via the service runs approximately every 20 minutes from the City bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Vineyard Road near to its junction with Old Eign Hill. The return journey can be made from the same bus stop.

## HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 22 January 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, Mrs J Newton, Supt Ivan Powell, Ms E Shassere, Mr D Smith, Mr D Taylor and Dr A Watts

**In attendance:** Mrs S Doheny (Local Area Team- National Commissioning Board)

**Officers:** Mrs C Gritzner, (Chief Operating Officer – Clinical Commissioning Group), Mrs C Wichbold MBE (Health and Wellbeing Grants and Partnership Officer), Mr T Brown (Governance Services).

**20. APOLOGIES FOR ABSENCE**

None.

**21. NAMED SUBSTITUTES**

None.

**22. DECLARATIONS OF INTEREST**

None.

**23. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 18 September 2012 be confirmed as a correct record and signed by the Chairman.

**24. CLINICAL COMMISSIONING GROUP PLANNING**

The Board was provided with 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.

The aim of the report and associated presentation was to outline how the submission aligned with and underpinned the work of the Health and Wellbeing Board, aligned with the Joint Health and Wellbeing strategy, used the Joint Strategic Needs Assessment (JSNA) as its key evidence base; and to engage and involve the Health and Wellbeing Board in the development of the CCG's plans for 2013/14 and beyond.

Dr Watts, Chairman of the Herefordshire Clinical Commissioning Group, and the Chief Operating Officer gave a presentation focusing on the NHS Planning Framework: Everyone Counts, the CCG's financial allocation for 2013/14, working with the Health and Wellbeing Board to develop a sustainable economy and identifying the Clinical Commissioning Group's priorities.

A copy of the presentation has been placed on the Minute Book with the agenda papers.

Three additional pages were circulated: Disease Prevalence, NHS Herefordshire CCG Summary Spine Chart and "Plan on a Page". Dr Watts highlighted key aspects of these pages a copy of which has also been placed on the Minute book.

In discussion the following principal points were made:

- The CCG's view was that the financial allocation to it for 2013/14 was a little less than had been previously available for the services within its remit. The health funding previously provided to the single Herefordshire Primary Care Trust was now divided amongst a number of commissioners. There had been an uplift in funding across Commissioners as a whole. However, the fragmentation made it harder for the CCG to manage commissioning.
- The possible areas of focus for the three measurable local priorities for submission to the National Commissioning Board were discussed.
- That it was important that the impact of the CCG's proposals on other areas of the health system, such as public health, and their relationship to other plans and strategies was fully recognised and taken into account. Given the multiplicity of plans further work needed to be undertaken by the Health and Wellbeing Board to seek to ensure that planning across the Herefordshire healthcare system was joined up.
- That it was important to ensure that the CCG's proposed submission demonstrated its alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Board's vision and guiding principles within the Health and Wellbeing Strategy.
- That due weight needed to be given to public perception. In introducing new plans and strategies it was important to inform the public of the outcome of the previous plans, on which they may well have been consulted, why the new plans were considered necessary, and how they related to the previous plans and took account of the public's views.
- That the Local Area Team would expect to see detail in the planning submission on services for those with a learning disability. It would also be important that the submission showed awareness of the expectation that evidence of the patient experience of service outcomes would be taken into account by commissioners and influence service provision.
- Discussions had been taking place about the approach to decommissioning services and it was suggested that the proposed approach needed to be reflected in the CCG's planning submission.
- It was important that the evidence in the JSNA highlighting the need to improve outcomes for children was taken into account.
- In developing the role of Healthwatch it was acknowledged that its view would need to be sought on strategies and plans. However, it was important to recognise that the greatest public engagement could be expected on plans for the reconfiguration and transformation of services. It would therefore be essential to involve Healthwatch in discussions on such matters as soon as possible.

- That in developing the public engagement strategy it would be important to ensure a clear and consistent narrative was presented to inform the public of health and social care plans and how they were consistent with the agreed strategic direction.

**RESOLVED:**

- That
- (a) it was important that the CCG planning submission demonstrated its alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Board's vision and guiding principles within the Health and Wellbeing Strategy;
  - (b) to suggest that the planning submission should explain the approach to be adopted towards decommissioning services;
  - (c) to emphasise the need for the CCG and the Health and Wellbeing Board to develop the public engagement strategy and ensure a clear and consistent narrative was presented to inform the public of health and social care plans;
  - (d) it be recognised that given the multiplicity of plans and strategies further work needed to be undertaken by the Health and Wellbeing Board to seek to ensure that planning across the Herefordshire healthcare system was joined up; and
  - (e) the CCG be requested to submit a further report to the Board prior to its planning submission being finalised.

**25. HEALTH AND WELLBEING BOARD WORK PLAN**

The following additions to the Board's work plan were proposed:

- Report on the transfer of NHS Funding to local authorities
- Reporting on the impact the financial position was having on achievement of service outcomes.

**26. DATES OF MEETINGS**

The Board noted the dates of future meetings.

**27. CHAIR OF WEST MERCIA CLUSTER**

The Chairman informed the Board that this was the last meeting that Jo Newton would attend as Chair of the West Mercia Cluster. On behalf of the Board she thanked Jo for her leadership and contribution to the Board.

Jo Newton wished the Board well in its continuing development.

The meeting ended at 4.45 pm

**CHAIRMAN**



<b>MEETING:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>DATE:</b>	<b>19 FEBRUARY 2013</b>
<b>TITLE OF REPORT:</b>	<b>CLINICAL COMMISSIONING GROUP UPDATE</b>

## Wards Affected

County-wide

## Purpose

The purpose of this report is to:

- Update the Health and Well-being Board (HWBB) on the timetable, progress and initial content of NHS Herefordshire's Clinical Commissioning Group's (HCCG) planning submission in relation to the NHS Everyone Counts Planning Framework for 2013/14 and associated developments; and
- Engage and involve the Health and Wellbeing Board in the development of the CCGs plans for 2013/14 and beyond.

## Recommendation(s)

**THAT the Board be invited to express its views on the content and priorities of the Clinical Commissioning Group's 2013/14 plans.**

## Key Points Summary

### *CCG 2013/14 planning*

- 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 serve financial pressures that need to be addressed to ensure it continues to be sustainable and deliver good outcomes for the residents of Herefordshire.
- The National Commissioning Board (NCB) published on the 18<sup>th</sup> 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 made a variety of submissions to the NCB related to the plan; this included on 25<sup>th</sup> January 'a plan on a page' and key planning and financial templates. Subsequent iterations are required during March and April 2013. The CCGs 'plan on a page'

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Further information on the subject of this report is available from  
Mike Emery, Head of Business Delivery (CCG)– 01432 344 344



# HEREFORDSHIRE

Clinical Commissioning Group

is attached as appendix 1.

- The CCG has also had to define its 3 key local priorities and identified associated measures for its submission; these are:

Priority	Measure
Development of community teams and virtual wards	Reduction in non-elective admissions and moving 'care closer to home'
Introduction of Map of Medicine	Reduction in referrals for patients who are admitted with a gastroenterological, a neurological presentation, a fall or COPD
Improvement of Dementia services	Increased number of patients diagnosed

- Currently the modelled financial challenge for Herefordshire CCG is £9m. The CCG is required to show a level of contingency at one per cent, one per cent surplus and two per cent non-recurrent transformational reserve. The CCG currently has an allocation of £208m.
- Contract negotiations are currently on-going with key providers. These need to be agreed and signed before the end of March. The HCCG team is meeting with WVT and 2gethr on a weekly basis to ensure that this work is concluded and importantly supports the CCGs strategic objectives, as well as the work of the Health and Well-being Board. Work is also on-going on the Local Authority and CCG Section 75 partnership agreement which will be the key framework in which the CCG/Local Authority uses to support its joint commissioning work.

## 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 strategy and it's JSNA (*Understanding Herefordshire*). It will therefore need to assure itself that the Local Authority and the CCG are commissioning services in line with its vision and principles, and it supports the delivery of the HWBB sustainable health and social care system for Herefordshire.

## Community Impact

- Engagement events with clinicians, patients, carers and population will feed into the development of the plan. The plan will support and align to the Joint Health and Wellbeing strategy and 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 months, as it develops future work programmes.

## **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 Assessments 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.

## **Consultees**

- The HCCG plan will be further developed with HWB board members and other commissioning colleagues.

## **Appendices**

- Herefordshire Clinical Commissioning Group – Plan on a Page 2013/14-15

## **Background Papers**

- None identified.





HEREFORDSHIRE CLINICAL COMMISSIONING GROUP – PLAN ON A PAGE 2013/14-15



**High quality, sustainable, integrated health economy with patients and the public and patient at the heart of everything we do.**  
*This will be enabled by radical transformation, rather than marginal modification*

**Objectives**  
 \* Embed clinical leadership and integrated working across the health and social care system \* Commission best available care \* Improve quality and safety of care \* Empower stakeholders/clinicians to manage pathways \* Reduce variations in quality of primary care \* Care closer to home (focus on elderly) \* Improve sustainability of healthcare system \* Prevention at the core of the CCG's work

<b>Work Programmes (inc QIPP)</b>	<p><b>Demand management out-patients</b> E-consultation Map of medicine (COPD, Falls) Clinical ownership of budget e.g. Cardiology funding pilot MSK Pilot</p> <p><b>Demand management – non-elective</b> Risk stratification and anticipatory care planning Carers support Stroke review Long term conditions - supported self management Further implementation of community teams with virtual wards and neighbourhood teams as a service continuum</p> <p><b>Prescribing</b> County wide prescribing formulary – across primary and secondary care</p> <p><b>Mental Health</b> Community based memory service for dementia Mental health liaison service (RAID) Use of Disraeli Court for mental health rehabilitation and repatriation Mental health needs assessment review and implementation plan</p> <p><b>System reconfiguration</b> Clinical modelling to determine optimal resource allocation Working with Wye Valley on Futures Programme Emergency community service review (OOH, walk in, MIU) Implementation of joint health and wellbeing strategy</p> <p><b>Prevention</b> Joint work with public health to: 1 – progress specifics e.g. alcohol 2 – embed prevention agenda e.g. MECC 3 – Social marketing</p>
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<b>Outcomes Framework</b>	Domain 4	Domains 1,2,3,4,5	Domains 1,3,4	Domains 3,4	Domains 1,2	
<b>Outcomes 2013/14</b>	<b>Outpatients</b> Easier access to consultant opinion alongside demand management in outpatient referrals	<b>Non-elective</b> Reducing non-elective admissions by 1) reducing crisis presentations 2) providing care closer to home 3) providing a seamless experience of health and social care	<b>Prescribing</b> Prescribing that is both clinically effective and cost effective	<b>Mental health</b> Mental health and wellbeing strategy and procurement plan for new services	<b>System reconfiguration</b> Health economy-wide clinical ownership of system transformation Financially balanced CCG Options for provider landscape agreed	<b>Public Health</b> Increased number of patients accessing public health programmes e.g. smoking cessation

**Aspirations 2015/16**  
 \* Reconfigured provider services to support improved clinical outcomes in acute services (sustainable DGH) and community services (out of hours, walk-in and MIU) \* Stemmed the growth in alcohol and smoking related admissions \* Financially balanced health and social care economy \*

**Cross Cutting Themes**  
 \* Patient & Public Involvement \* Quality & Safety \* Prevention \* Partnership Working \* IT Solutions \* Workforce \* Governance & Assurance

**Strategic Performance Measures**  
 Reduction in non-elective activity - Reduction in first out patient activity – Increased diagnosis of patients with dementia  
 Delivery against national trajectories  
 Delivery of pledges outlined in NHS constitution  
 Delivery of QIPP Savings



<b>MEETING</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>DATE:</b>	<b>19 FEBRUARY 2013</b>
<b>TITLE OF REPORT:</b>	<b>HEALTH AND WELLBEING BOARD WORK PLAN</b>
<b>REPORT BY:</b>	<b>HEALTH AND WELLBEING GRANTS AND PARTNERSHIP OFFICER</b>

### **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**

5.1 None identified.



**HEALTH AND WELLBEING BOARD  
WORK PLAN FEB 2013 TO MAY 2014  
TIMELINE OF ACTIVITIES AND DECISIONS UPDATED  
5 February 2013**

<b>DATES</b>	<b>BOARD MEETINGS</b>
<b>NB ALL MEETINGS RUN FROM 3pm – 5pm</b>	
<b>PUBLIC</b> 19 Mar 2013	<b>Board processes and operations</b> <ul style="list-style-type: none"> <li>• Healthwatch update (TBC)</li> <li>• HWB Strategy update (DPH)</li> <li>• Health Protection Committee update (Arif Mahmood)</li> <li>• Board Governance and Development</li> </ul> <b>Sustainability of the health and social care system (AW)</b> <ul style="list-style-type: none"> <li>• Finalise commissioning contracts (AW)</li> <li>• Transfer of NHS funding to local authority(DPS)</li> <li>• Council Commissioning Plans – Children’s Services</li> </ul> <b>Demand management (ES)</b> <ul style="list-style-type: none"> <li>• Public Health Transition (DPH)</li> </ul> <b>Crisis prevention (CK)</b> <ul style="list-style-type: none"> <li>• Safeguarding update</li> </ul>
<b>PUBLIC</b> 16 April 2013	<b>Board becomes fully functioning Health and Well Being Board</b> <b>Board processes and operations</b> <ul style="list-style-type: none"> <li>• Healthwatch live (TBC)</li> </ul> <b>Sustainability of the health and social care system (AW)</b> <b>Demand management (ES)</b> <b>Crisis prevention (CK)</b>
21 May 2013	<b>Board processes and operations</b> <b>Sustainability of the health and social care system (AW)</b> <b>Demand management (ES)</b> <b>Crisis prevention (CK)</b>
18 June 2013	<b>Board processes and operations</b> <b>Sustainability of the health and social care system (AW)</b> <b>Demand management (ES)</b> <b>Crisis prevention (CK)</b>
9 July 2013	<b>Board processes and operations</b> <ul style="list-style-type: none"> <li>• JSNA</li> </ul> <b>Sustainability of the health and social care system (AW)</b> <b>Demand management (ES)</b> <b>Crisis prevention (CK)</b>
17 Sept 2013	<b>Board processes and operations</b> <b>Sustainability of the health and social care system (AW)</b> <b>Demand management (ES)</b>

	<b>Crisis prevention (CK)</b>
22 October 2013	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
19 Nov 2013	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
17 Dec 2013	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
28 January 2014	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
11 February 2014	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
18 March 2014	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
15 April 2014	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
20 May 2014	<b>Board processes and operations Sustainability of the health and social care system (AW) Demand management (ES) Crisis prevention (CK)</b>
<b>October 2015</b>	<b>Sustainability of the health and social care system (AW)</b> <ul style="list-style-type: none"> <li>• Pharmaceutical needs assessment</li> </ul>

**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

<b>Initials</b> CK- Claire Keetch ES – Elizabeth Shassere AW – Andy Watts	
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