

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 18 October 2011 at 2.00 pm

Present: Councillor PM Morgan (Chairman)

Ms J Bremner, Mr P Brown, Mr CJ Bull, Mrs J Davidson Dr S Ghazawy,
Mrs C Keetch, Mrs J Newton, Dr A Talbot-Smith and, Mr M Woodford

In attendance: Councillor JG Jarvis and Mr J Reeves.

12. APOLOGIES FOR ABSENCE

Apologies were received from Dr S Aitken and Dr A Watts.

13. NAMED SUBSTITUTES

Dr A Talbot-Smith for Dr S Aitken and Dr S Ghazawy for Dr A Watts.

14. DECLARATIONS OF INTEREST

None.

15. MINUTES

RESOLVED: That the Minutes of the meeting held on 21 June 2011 be confirmed as a correct record and signed by the Chairman.

16. ESTABLISHING THE EVIDENCE BASE FOR COMMISSIONING

The Board considered the 2011 Joint Strategic Needs Assessment and State of Herefordshire Reports (SOH), and received an overview of the work being undertaken across Herefordshire Public Services to develop an overall Integrated Needs Assessment (INA).

The Consultant in Public Health (Commissioning and Health Intelligence) presented the report highlighting the key findings and recommendations.

The documents for 2011 represented a refresh of the 2010 documents. As reported to the Board in June it was intended to develop a "gold standard" INA within three years. It was expected that as part of this process the Joint Needs Assessment and the State of Herefordshire report would be incorporated into a single integrated evidence base for commissioners available online.

In discussion the following principal points were made:

- That whilst there was no accepted definition of a "gold standard" for an INA there was a clear Herefordshire view as to what it should contain. The test would be the extent to which the INA assisted the Board in assessing whether there was an evidence base to support commissioning decisions. An update would be provided to the Board on the INA's development. In the meantime the importance of the JSNA and SOH as documents on which the Board would need to base its future decisions was emphasised.

- Concerns about performance in Early Years and action that had been taken and continued to be taken to achieve improvement were noted.
- That there was little in the documentation about vulnerable children and adults and safeguarding but these were significant health improvement issues.
- That consideration was being given to how best to make the information in the JSNA and SOH available to various audiences.
- That it was important that commissioners and providers gave careful consideration to how best to the findings in the JSNA and SOH could be used to inform the debate about priorities. System leadership by the Board was then required to ensure partners acted in a complementary way to deliver the measures identified as necessary to address the agreed priorities.

RESOLVED:

- That (a) **the 2011 JSNA key points and recommendations document be noted;**
- (b) **the 2011 State of Herefordshire key findings report be noted;**
- (c) **the plans to develop an Integrated Needs Assessment be noted and an update provided to the Board; and**
- (d) **further consideration be given by the Board to how it would use the information in the documentation in its future work in setting priorities within the Health and Wellbeing Strategy.**

17. HEREFORDSHIRE HEALTHCARE COMMISSIONERS - UPDATE

The Board received an overview of the activities of Herefordshire Health-Care Commissioners.

The Deputy Chair (HHC) presented the report.

In discussion the following principal points were made:

- It was reported that the financial plan envisaged a 3% increase in resources in 2012/13. This represented a shortfall of 3.5% in the level of resources required to meet current public expectations. This created a risk that it may not be possible to design a viable system. Discussions were ongoing with Wye Valley NHS Trust to see how it might be possible to align strategies to achieve financial balance.
- The HHC was engaged in a rapid transition process. The Council, Primary Care Trust and Wye Valley NHS Trust were also undergoing rapid change. The HCC recognised the need to work with all parts of the health and social care system and put processes in place to manage relationships.
- The Health and Wellbeing Board's role in promoting integrated care and ensuring that the commissioning plans of the HCC were formed with an understanding of their impact on the health and social care system as a whole was noted. The need to take account of reductions in third sector funding was also highlighted.

RESOLVED: That the actions being taken by the Herefordshire Healthcare Commissioners and the importance that the steps in their

development had regard to the needs of the health and social care system as a whole be noted.

18. INTEGRATED NEEDS ASSESSMENT - ALCOHOL NEEDS ASSESSMENT

The Board considered the methodology used to develop the alcohol integrated needs assessment and the resulting recommendations.

The Consultant in Public Health (Health Improvement) presented the report, a copy of which had been circulated separately.

Members agreed that the methodology that had been used to develop the integrated needs assessment would form a sound basis for future assessments and the Board's approach to developing strategy.

That once the resulting draft strategy was prepared the challenge for the Board would be to translate it into action and engage all the relevant bodies in delivering the desired outcomes. It would be important to focus on those aspects where those involved could bring direct influence to bear.

RESOLVED: That

- (a) the methodology developed for this alcohol INA be adopted as the Health and Wellbeing Board's standard Integrated Needs Assessment (INA) methodology;**
- (b) the INA be used to inform the development of an alcohol harm reduction strategy in the context of a commissioning cycle;**
- (c) a coordinated range of actions be undertaken to address alcohol-related harm to health using the ladder of interventions as a conceptual framework;**
- (d) data collection and surveillance on alcohol-related harm to health continues to be developed and refined ("step 1 of the ladder");**
- (e) social marketing campaigns be developed to reduce alcohol-related harm to health in young people ("step 2 of the ladder");**
- (f) IBA (identification and brief advice) services should be expanded across health and non-health settings increasing the number of at risk people who are supported and allowing specialist services to focus on specialist care ("middle of the ladder");**
- (g) clear commissioning intentions for integrated alcohol services are developed using the NTA's stepped model which covers tier 1 to tier 4 services ("middle of the ladder");**
- (h) work continues to build on existing partnership initiatives to reduce alcohol-related harm to health through influencing default choices, incentives, disincentives and enforcement ("top of the ladder"); and**
- (i) the draft alcohol harm reduction strategy be reported to the Board including proposals for its effective implementation.**

19. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2011

The Board was informed of key population health issues in Herefordshire and of the recommended strategies and actions to address these as set out in the Annual Report of the Director of Public Health – 2011

The Board was invited to support the view that the recommended approach and actions highlighted in the report would inform service development and commissioning aimed at improving health and wellbeing of the population of Herefordshire.

The Consultant in Public Health (Health Improvement) presented the report, which had been circulated separately, outlining the main aspects of each Chapter of the Annual Report.

A list of ten key messages from the report and the preceding needs assessment was circulated and the Chairman encouraged all Members to take the messages to heart. A copy is appended to these Minutes.

In discussion the following principal points were made:

- That the key issue the Board needed to consider was how it responded to the report's findings as part of the commissioning cycle and this should be incorporated into the Board's work plan.
- It was noted that an event was being planned for January 2012 to generate wider community and stakeholder involvement in considering priorities. This work needed to be linked to the work of the Clinical Commissioning Consortium.
- That the Board was the only place where some subjects such as safeguarding of adults and of children were considered together. It would be useful to identify a list of issues where the Board played such a role and consider them on every occasion.

RESOLVED: That the Director of Public Health's Annual Report 2011 executive summary be considered further during the development of the Health and Wellbeing Strategy.

20. COMMUNICATIONS PLAN

The Board considered the local communications strategy designed to support the locally and nationally driven changes to public services, what activities had been achieved to date and how the Health and Wellbeing Board agenda fits into the overall strategic communication considerations.

The Assistant Director, Customer Services and Communications presented the report, which had been circulated separately. He acknowledged that the strategy was a work in progress.

The Board discussed aspects of the strategy, noting in particular the need to provide the public with a clear understanding of the changes to the health and social care system and promote key messages, including increased personal responsibility for healthcare.

RESOLVED: That a further report on the Strategy be made to the Board with a particular focus on the key messages for health and wellbeing and the profile of the Board.

21. HEALTH AND WELL BEING BOARD UPDATE AND WORK PROGRAMME

The Board received an update on the current position with its development, including the revised Development Framework and a proposed outline draft Work Plan for the next six months picking up the key development themes agreed by the Board and setting out the next steps to be addressed.

The Deputy Chief Executive presented the report inviting Members to identify any aspects of the Board's role they thought were not reflected in the report and work plan.

It was noted that the following issues identified during the meeting would be incorporated into the work plan:

- an update on the development of an overall Integrated Needs Assessment
- draft alcohol harm reduction strategy
- Communications Strategy
- Response to findings in the Director of Public Health's Annual Report

RESOLVED:

That (a) the update and next steps be noted; and

(b) the Work Plan as amended be approved.

22. FUTURE MEETINGS

The Board noted the list of scheduled meetings.

The meeting ended at 4.15 pm

CHAIRMAN