

**MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 16 April 2013 at 3.00 pm**

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

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

**In attendance:** None

**Officers:** M Emery (Head of Business Delivery -Herefordshire Clinical Commissioning Group). P Daniels (Speciality Registrar – Public Health), C Wichbold MBE (Health and Wellbeing Grants and Partnership Officer) and T Brown (Governance Services).

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Mrs J Davidson, Mr A Neill and Mr D Smith.

**2. NAMED SUBSTITUTES**

Mr D Taylor substituted for Mr A Neill.

**3. DECLARATIONS OF INTEREST**

None.

**4. MINUTES**

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

**5. ELECTION OF VICE-CHAIRMAN**

**RESOLVED:** That Mrs J Davidson be elected Vice-Chairman of the Board for the ensuing year.

**6. TERMS OF REFERENCE**

The Board was presented with terms of reference approved by the Council in March 2013.

**RESOLVED:** That the Board's terms of reference be noted.

**7. QUESTIONS FROM MEMBERS OF THE PUBLIC**

None.

## 8. HEALTHWATCH

Paul Bates, interim Chairman of Healthwatch, informed the Board of progress in developing Healthwatch.

He highlighted the following matters:

- The national launch of Healthwatch by Healthwatch England had demonstrated that there was considerable optimism about what Healthwatch could achieve, balanced by some concern over whether the high expectations of the function could be met.
- The intention locally was to focus on what was important and to avoid duplicating activity that was already being undertaken by other organisations eg surveys.
- The financial resource made available to the Council for Healthwatch had been passed on in full, which was not the case in all authorities. The sum of £150k was in line with funding provided to other authorities having regard to the size of the County's population.
- The pace of Healthwatch development varied across the Country. Herefordshire was in the middle of the pack. A contract for the Healthwatch function had been let to Herefordshire Voluntary Organisations Support Service and would be delivered by Herefordshire Carers Support. Healthwatch had been established with effect from 1 April. The contract allowed for a developmental period and Healthwatch would not become fully operational until the Autumn.
- Recruitment of Healthwatch Board members was underway.
- Healthwatch faced a significant challenge, not least in the light of the Francis report on the Inquiry into Mid-Staffordshire NHS Foundation Trust. Healthwatch was an important part of the system to avoid such an event occurring again. It would be important to develop relationships with partners that ensured information was shared and treated responsibly with the appropriate level of challenge.

It was noted that the Board would need to receive a further report on Healthwatch's roles and responsibilities.

A request was made that Healthwatch took care to ensure that its communications set issues in context.

On behalf of Herefordshire Carer's Support Jacqui Bremner emphasised the intention to maximise the use of resources that were already available, avoiding duplication of effort and ensuring that the voice of the public, including the quieter voices, was heard.

## 9. DEVELOPING A SUSTAINABLE HEALTH AND SOCIAL CARE SYSTEM

The Board received an update on the work being undertaken by NHS Herefordshire Clinical Commissioning Group (CCG), Herefordshire Council and health and wellbeing partners in developing a sustainable health and social care system for the County.

Dr Watts and Mike Emery presented the report. Given the changes to the health system and the many challenges being faced it was suggested there was a need for a clear strategic focus to remove overlap and duplication.

In discussion the following principal points were made:

- It was requested that Members of the Board should be included in discussions and events as they progressed to provide them with assurance prior to final consideration of any proposals.
- The relationship between commissioners and providers and their respective responsibilities was discussed. It was emphasised that the Clinical Commissioning Group's arrangements considered the quality of service a provider delivered, performance and clinical safety as well as cost.
- It was essential that the voice of service users and carers was heard and embedded in the transformation work.
- It was important that partners worked together to achieve the benefits of added value and focused on delivery and demonstrating achievement. The National Outcomes Framework provided an opportunity to do this.

**RESOLVED:**

- That**
- (a) the principle and rationale behind the work set out in the report be endorsed;**
  - (b) the Board will engage with and contribute to the development of this work;**
  - (c) it be requested that in taking the work forward account be taken of the following points:**
    - **The importance of deliverability;**
    - **The use of available monitoring information and intelligence;**
    - **The importance of making full use of the Joint Strategic Needs Assessment and demonstrating that this has been done;**
    - **The importance of making full use of the Health and Wellbeing Board's principles and demonstrating that this has been done;**
    - **The importance of partners working with one another and holding each other to account; and**
    - **The importance of ensuring that the voice of service users is taken into account and demonstrating that this has been done; and**
  - (d) the timetable, process for development, and governance structure for this work be supported, with a request that Members of the Board be included in discussions and events as they progress to provide them with assurance prior to final consideration of proposals as part of the Board's work plan.**

## 10. DECOMMISSIONING PRINCIPLES

The Board considered the principles of decommissioning services.

Dr Watts gave a presentation. This discussed the principles of decommissioning, how to identify when it might be appropriate to decommission a service, how the decommissioning process might be managed, how a proposal to decommission would fit with strategies, the effect of the population and on individuals, feasibility and acceptability. A copy of the presentation has been placed on the Minute book with the agenda papers.

A copy of an evaluation framework the Clinical Commissioning Group had developed some months previously was also circulated and used to work through a case study.

The complexity of decommissioning services and the likelihood of proposals being challenged was acknowledged. However, the consensus was that it was sensible to have a process and framework in place and to ensure that the reasons for changes to services were clearly communicated.

**RESOLVED: that the principles of decommissioning and the evaluation framework for disinvestment and reinvestment be supported in principle.**

## 11. PROPOSED MEASURABLE OUTCOMES FOR THE DEMAND MANAGEMENT AREA OF THE HEALTH AND WELLBEING BOARD STRATEGY

The Board was informed of a review of the applicability of data collected for the Public Health, NHS and Adult Social Care Outcome Frameworks in relation to the Demand Management area of the Herefordshire Health and Wellbeing Strategy in order to comment on their usefulness for all workstreams.

The Speciality Registrar, Public Health, presented the report.

The Board discussed what performance information would be helpful to it. It was acknowledged that the national outcomes frameworks were limited in their usefulness and applicability for monitoring progress. Work therefore needed to be undertaken to develop performance indicators for the workstreams within the Health and Wellbeing Strategy. However, it was important to ensure that the Board was kept briefed on performance against the national outcomes frameworks and alerted to any issues of concern.

**RESOLVED:**

- THAT**
- (a) it be noted that the measures contained in national outcomes frameworks are limited in their usefulness and applicability for monitoring progress against the Demand Management area of the HWB Strategy due to infrequency and lag in publication, and this is likely to apply across the workstreams;**
  - (b) the key priorities identified for the Board drawn from the JSNA should be the Board's principal focus and basis for monitoring transformation and change;**
  - (c) individual workstreams within the Health and Wellbeing Strategy should develop their own performance indicators;**

- (d) **action be taken to ensure that the Board is kept briefed on performance against the national outcomes frameworks and alerted to any issues of concern.**

## **12. HEALTH AND WELLBEING BOARD WORK PLAN**

It was noted that it was intended to hold joint seminars with the Health and Social Care Overview and Scrutiny Committee to share information relevant to both groups

It was acknowledged that clearer work plans needed to be developed for both groups recognising that whilst there would be some overlap it was essential to reduce duplication.

## **13. DATES OF MEETINGS**

Noted.

The meeting ended at 5.15 pm

**CHAIRMAN**