

AT A MEETING of the HEALTH AND WELLBEING BOARD held at The Castle, Winchester on Tuesday, 23 July 2013.

PRESENT

Chairman:

- p Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)

Vice-Chairman:

- a Dr Hugh Freeman (Chair, North Hampshire Clinical Commissioning Group)

- p Paul Archer (Director of Policy & Governance, Hampshire County Council)
- p Councillor Brian Bayford (Executive Member for Health and Housing, Fareham Borough Council)
- p Janet Chierchia (Executive Director, Healthwatch Hampshire)
- a John Coughlan (Director of Children's Services and Deputy Chief Executive, Hampshire County Council)
- p Gill Duncan (Director of Adult Services, Hampshire County Council)
- p Councillor Liz Fairhurst (Executive Member for Health and Wellbeing (Public Health))
- p Debbie Fleming (Area Director, Wessex Local Area Team of NHS England)
- p Heather Hauschild (Chief Officer, West Hampshire Clinical Commissioning Group)
- a Simon Hayes (Police and Crime Commissioner for Hampshire)
- p Dr Paul Howden (Deputy Chair, Fareham & Gosport Clinical Commissioning Group)
- p Councillor Anna McNair Scott (Executive Member for Adult Social Care, Hampshire County Council)
- p Dr Ruth Milton (Director of Public Health, Hampshire County Council)
- p Councillor Peter Moyle (Leader, Rushmoor Borough Council)
- p Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)
- p Bernie Topham (Chief Executive, Eastleigh Borough Council)
- p Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)
- p Peta Wilkinson (Chief Executive, Enham)

1. **APOLOGIES FOR ABSENCE**

Apologies were received from:

- John Coughlan, Director of Children's Services at Hampshire County Council, and his nominated substitute Steve Crocker, Deputy Director for Children and Families, as they were both on other County Council business
- Dr Sarah Schofield Chair of West Hampshire Clinical Commissioning Group had given her apologies, and West Hampshire were represented by Heather Hauschild, Chief Officer, the substitute Member

- Dr David Chilvers, Chair of Fareham & Gosport Clinical Commissioning Group, had given apologies, and Dr Paul Howden, Deputy Chair was in attendance as the substitute Member
- Simon Hayes, Police and Crime Commissioner for Hampshire, had given his apologies, and had not yet nominated a substitute Member

2. **DECLARATION OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Cllr Keith Mans declared the following non-pecuniary interests:

- That he was a trustee of Hampshire and Isle of Wight Air Ambulance
- That he was Chairman of the Board of Trustees of Oakhaven Hospice in Lymington

3. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed Members to the inaugural meeting of the Health and Wellbeing Board, and invited the Members of the Board to introduce themselves. The Chairman highlighted his ambition that the Board succeed in influencing joined up commissioning of Health and Social Care services, to achieve the best outcomes for the people of Hampshire.

The Chairman referred to the 'Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report' by Sir Bruce Keogh KBE, which had recently been published, and read out ambition three (of the Ambitions for Improvement):

'Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.'

The Chairman hoped that the role of the Health and Wellbeing Board and the breadth of its membership would help to realise this ambition in Hampshire.

4. **TERMS OF REFERENCE OF THE HAMPSHIRE HEALTH AND WELLBEING BOARD**

The Board received a report from the Director of Policy and Governance at Hampshire County Council outlining the terms of reference of the Board, which had been agreed by the County Council at its meeting on 18 July 2013 (Item 4 in Minute Book). It was noted that the County Council had also appointed the Members of the Board and named Substitute Members, and that the list of appointments had been circulated (addendum to Item 4 in Minute Book).

RESOLVED:

That the terms of reference of the Board and associated appointments are noted.

5. **APPOINTMENT OF VICE CHAIRMAN**

It was noted that the Chairman of the Board was appointed by County Council, but the terms of reference require that the Vice Chairman of the Board be elected by the Board. Nominations for Vice Chairman were invited.

Dr Hugh Freeman, Chairman of North Hampshire Clinical Commissioning Group, was nominated by Dr Barbara Rushton (Chairman, South Eastern Hampshire Clinical Commissioning Group) and seconded by Dr Andrew Whitfield (Chairman, North East Hampshire and Farnham Clinical Commissioning Group). There were no other nominations. The nomination was put to the Board and received unanimous agreement.

RESOLVED:

That Dr Hugh Freeman act as Vice Chairman of the Hampshire Health and Wellbeing Board.

6. **HEALTHWATCH HAMPSHIRE**

The Committee received a presentation from Healthwatch Hampshire regarding the role of Local Healthwatch (Item 6 in Minute Book).

Members heard:

- That Local Healthwatch was the most recent structure for patient and public involvement in health, arising from the Health and Social Care Act 2012. Healthwatch replaced Local Involvement Networks, and had some new roles.
- The remit of Healthwatch includes both Adults and Childrens Health and Social Care, and was conceived as a 'consumer champion' for the public in this area. The language of the 'consumer' is new, and implies consumer rights to choice, information etc. The patient is portrayed as an active participant not simply a passive recipient
- Healthwatch has additional roles compared to previous patient involvement functions including signposting local people regarding local health services, and complaints advocacy (this function was

anticipated to transfer to Healthwatch Hampshire at a later date)

- Healthwatch Hampshire had commissioned an IT system to record contacts, which would enable them to identify trends in issues raised with them by the public. This was supported by a prioritisation matrix, so that the work of the organisation could be focused appropriately.

Following questions, Members heard:

- That Hampshire Healthwatch was commissioned by the County Council, and the funding for it came from a central government grant
- That the supporting legislation required Healthwatch to be established as a social enterprise. The model selected in Hampshire was a Community Interest Company. This was made up of Help & Care, Citizens Advice Hampshire and Community Action Hampshire. The Board of Healthwatch Hampshire comprised one Executive Director from each of the constituent organisations, and the organisation was in the process of recruiting four non executive Directors to lead on finance, governance, diversity, and to Chair the Board.
- That Healthwatch were keen to receive feedback from the public about health services, and recognised that elected Members were a useful conduit to understand the views of the wider public.
- That Healthwatch had powers to make reports and recommendations to health bodies, and those bodies were required to respond to such within a certain timeframe
- That if concerns identified by Healthwatch did not receive a satisfactory response, issues could be referred to the Health Overview and Scrutiny Committee, or to the Care Quality Commission.
- The role of healthwatch was to be a 'critical friend' and it was important to maintain a balance between being critical and being a friend
- That Healthwatch could provide advice on engaging local people, and could undertake an audit of how partner organisations engage

The Chairman recommended Healthwatch Hampshire alert all Hampshire Councillors at County, District/Borough and Parish level that they were in place and how to contact them. The officer was thanked for their presentation.

RESOLVED:

That the presentation is noted.

7. **HAMPSHIRE'S JOINT STRATEGIC NEEDS ASSESSMENT**

The Board received a presentation from the Director of Public Health at Hampshire County Council on the Hampshire Joint Strategic Needs Assessment (Item 7 in Minute Book).

Members heard:

- That a sub group of the Shadow Health and Wellbeing Board had been working on refreshing the Hampshire Joint Strategic Needs Assessment (JSNA).
- The JSNA comprised a suite of documents, including a summary

covering the overall health needs of the County, summaries covering Clinical Commissioning Group (CCG) areas, indepth reports on particular aspects and specific needs assessments

- The data from the 2011 census had been used to update predictions around population levels, and compared to the England average Hampshire had significantly less in the 15 to 29 age group. This was a concern that the age profile of Hampshire was predominately older adults.
- Life expectancy broken down by deprivation level indicated that the most deprived fifth of the population had significantly lower life expectancy than the England average
- Data on cause of death showed that cancer (30%) had overtaken cardiovascular disease (28%) as the highest cause of death for people in Hampshire
- Premature death rates were compared with similar local authorities, and could indicate where the County was doing well in treating particular conditions, and where it could improve
- A key issue was that people were living longer, but not necessarily healthier lives. This was an issue for social care provision, as the population increasingly had multiple conditions in older age
- Public Health considered the evidence base around what was effective in healthcare, and there was evidence to show that patients had improved outcomes if they were treated at the right place rather than simply the nearest place. This had been shown with specialist trauma centres
- The Nuffield Trust had assessed what number of beds was most cost effective for a hospital, and concluded around 600. However, this analysis was purely on cost, not patient outcomes or quality.
- It was anticipated the summary JSNA would be published on the web by the end of the month

Following questions, Members heard:

- That input from Healthwatch would be welcomed, to sense check whether the issues identified from the data reflected the feedback from local people about services they received

The officer was thanked for the presentation.

RESOLVED:

That the presentation be noted.

8. **JOINT HEALTH AND WELLBEING STRATEGY FOR HAMPSHIRE**

The Board received a report from the Director of Adult Services at Hampshire County Council on the proposed Joint Health and Wellbeing Strategy for Hampshire (Item 8 in Minute Book).

Members heard:

- That the Joint Health and Wellbeing Strategy (JHWS) had been developed over the past year through the Shadow Health and Wellbeing Board, including a period of public consultation and engagement. The document had been seen by the County Council's Cabinet, and the

Hampshire CCG Boards, and now required approval by the Health and Wellbeing Board.

- The strategy covered a period of five years, but would be subject to review during that time

RESOLVED:

That:

- the Joint Health and Wellbeing Strategy and Action Plan be agreed
- the progress reporting framework be considered at the October 2013 Board meeting
- a one page public facing executive summary of the JHWS is produced, and this work and wider engagement be taken forward through the establishment of a Communication and Engagement Group
- that the strategy be reviewed by the Health and Wellbeing Board annually

9. **STRATEGIC DIRECTION OF ACUTE SERVICES IN NORTH AND MID HAMPSHIRE**

The Board received a presentation from North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group regarding acute service provision in north and mid Hampshire (Item 9 in Minute Book).

Members Heard:

- That the Trusts managing Winchester and Basingstoke hospitals had merged in 2012 to form Hampshire Hospitals Foundation Trust, as neither hospital was financially or clinically sustainable alone
 - When designing health services it is difficult to future proof arrangements, as innovation can bring changes in practice quickly
 - High cost critical care that met standards of care would be difficult to sustain on both sites, and evidence indicates that getting to a specialist is more important than travel time in many cases
 - Options had been considered to ensure the sustainability of specialist acute care in mid and north Hampshire, and the preference of the Trust was to build a new site to concentrate critical services, and maintain both existing hospitals for general inpatient services
 - North Hampshire and West Hampshire CCGs, as local commissioners of health services, were working closely together on what was appropriate to commission for the area. NHS England was also a significant commissioner of hospital services (specialist), and other Hampshire CCGs patients may use the services concerned
 - It was anticipated engagement would be required on the options in future, bearing in mind the four tests of service reconfiguration
 - It was planned to develop a governance framework involving the key stakeholders by September 2013, then to define the needs of the population and engage on possible options to meet those needs. An options appraisal would be required.
 - The analysis of the options would consider wider system issues such as the impact on patient flows, and the integration agenda

Following questions Members Heard:

- That further work needed to be undertaken to establish whether services could be reconfigured across the two existing hospital sites, and what the financial implications of a third critical care site would be. This would need to take into account any knock on impact any changes might have on the other acute hospitals in Hampshire.
- Many critical care services are interdependent, and these dependencies would need to be established and their implications understood
- Commissioners would be meeting with the Trust to discuss the clinical case for change, the financial model and whether any proposals would be politically deliverable

Members of the Board welcomed the opportunity to consider this topic, as any changes in acute provision need to be considered strategically. Members commented that any proposals needed to be considered in the context of the integration agenda – which included a drive to shift activity away from acute centres into the community.

Members commented that proposals would need to take account of the level of need for the services concerned in the population, and avoid a destabilising impact on other hospitals in the area. It was noted that patient flows did not necessarily match organisational boundaries, so hospitals to take account of included those over the Hampshire border such as Salisbury and Frimley Park.

It was noted that sustainability concerns had driven the merger, and this issue still needed to be addressed, therefore something needed to be done to ensure acute services in mid and north Hampshire were fit for the future. It would be best to avoid a protracted process in order to achieve this objective in a timely manner.

RESOLVED:

That the presentation and planned next steps be noted.

10. **DATE OF NEXT MEETING**

The Chairman announced that the next meeting of the Board was due to take place on 22 October 2013 at 10:00am. It was noted that the Board was anticipated to meet four times a year. Members preferences regarding the timing of future meetings were invited and noted.

Chairman, 22 October 2013