

AT A MEETING of the HEALTH AND WELLBEING BOARD held at The Castle, Winchester on Tuesday, 11 February 2014.

PRESENT

Chairman:

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

Vice-Chairman:

- p Dr Hugh Freeman (Chair, North Hampshire Clinical Commissioning Group)
- a Paul Archer (Director of Policy & Governance, Hampshire County Council)
- a Councillor Brian Bayford (Executive Member for Health and Housing, Fareham Borough Council)
- p Janet Chierchia (Executive Director, Healthwatch Hampshire)
- p 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 Adult Social Care and Public Health, Hampshire County Council)
- a 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 (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 Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)
- p Peta Wilkinson (Chief Executive, Enham)
- p Dave Yates (Chief Executive, New Forest District Council)

Also in attendance:

Councillor Pat West, Chairman of Hampshire Health Overview and Scrutiny Committee (standing observer)

Councillor Roy Perry, Executive Member for Policy & Resources and Leader of Hampshire County Council

23. **APOLOGIES FOR ABSENCE**

Apologies were received from:

- Dr Sarah Schofield, Chair of West Hampshire Clinical Commissioning Group. West CCG were represented by their Substitute Member, Heather Hauschild, Chief Officer.
- Simon Hayes, Police and Crime Commissioner for Hampshire. The PCC Substitute Member Alan Hagger, Head of Strategic

- Commissioning was unable to attend in his place
- Cllr Brian Bayford from Fareham Borough Council. His substitute Cllr Roger Allen from Gosport Borough Council was unable to attend in his place.
 - Bernie Topham, who was no longer Chief Executive of Eastleigh Borough Council. The District Council Chief Executives were represented by Dave Yates, Chief Executive of New Forest District Council, the Substitute Member.
 - Paul Archer, Director of Policy & Governance at Hampshire County Council. His substitute Gary Smith, Head of Policy, was unable to attend in his place.

24. **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.

25. **MINUTES**

The Minutes of the Health and Wellbeing Board meeting held on 22 October 2013 were confirmed as a correct record and signed by the Chairman, subject to the addition of the attendance of the Chairman of the Health Overview and Scrutiny Committee (as standing observer to the Board).

26. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed the Leader of Hampshire County Council, who was attending the meeting as an observer.

The Chairman proposed to take Item 8 next, as the Member of the Board presenting this item needed to leave the meeting early in order to attend another meeting.

27. **HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Board received a report from the Chair of the Hampshire Safeguarding Children Board (HSCB) (Item 8 in the Minute Book). The report was presented by the Director of Children's Services at Hampshire County Council, as the Independent Chair of the Hampshire Safeguarding Children Board was unable to make the meeting due to

adverse weather.

The Board heard that:

- HSCB is the statutory body responsible for overseeing and facilitating partnership working to safeguard children in Hampshire. It relates to the established Children's Trust arrangements, but it had been agreed with the Chairman of the Health and Wellbeing Board that it is important to formally report the work of the HSCB to the Board in the new architecture. To that end a joint protocol had been drafted for consideration and ratification at a future meeting of the Health and Wellbeing Board.
- The annual report refers to an upward trend in activity in the child protection system, with twice as many child protection plans as five years ago, and numbers still rising. It was considered this was due, among other factors, to agencies being better at identifying those in need
- The Multi Agency Safeguarding Hub was an important new development, supporting swift decision making and dialogue in response to referrals for both children's and adults safeguarding issues
- There was increasing attention nationally and locally on children at risk of sexual exploitation and children going missing
- The Safeguarding Children Board was satisfied that good processes are in place to ensure lessons are being learned from recent serious case reviews as this is the key purpose of such reviews
- It continued to be a challenge to find suitable lead professionals, and West Hampshire Clinical Commissioning Group were taking a lead on addressing this with NHS England

Board Members commented:

- That the existing joint commissioning frameworks could contribute to the required work in progressing some of the priorities identified in the report
- That it would be important for NHS England to be aware of and involved in this work, especially with regard to the lead professional challenge
- That a workshop was planned for Board Members on Child and Adult safeguarding issues

RESOLVED:

That the Health and Wellbeing Board:

- Endorse that joint commissioning opportunities be explored to further improve services for children at risk of sexual exploitation, trafficking or going missing
- Note the development of a joint protocol between the Health and Wellbeing Board and Hampshire Safeguarding Children Board and forthcoming workshop
- Agree that the final protocol be presented to the May 2014 Board meeting for sign off

28. **BETTER CARE FUND**

The Board received a presentation and report from the Director of Adult Services at Hampshire County Council and the Chair of North Hampshire Clinical Commissioning Group (Item 5 in the Minute Book) regarding the Better Care Fund (previously referred to as the Integration Transformation Fund). The presentation included a video explaining the intention behind integrated care teams (produced by the Kingsfund) and a video about how integrated care teams are already working in parts of Hampshire (provided by North Hampshire Clinical Commissioning Group).

The Board Heard:

- The fund amounted to around £75 million in Hampshire from the five Clinical Commissioning Groups, and £7.9 million from the Local Authorities including the disabled facilities grant
- That the voluntary sector had an important role to play
- That the draft plan had been agreed by each CCG in January, and required sign off by the Board for submission to NHS England by 14 February 2014. There would then be a further opportunity to revise the plan before final submission for 4 April 2014
- That previously there had been concerns about how services would be funded if 25% of the fund was held back and paid later based on results, however recent messages suggested this approach may be revised
- That the likely local performance indicator would be measured against improving reablement

Board Members commented:

- The involvement of the voluntary sector in the plan could be strengthened
- That it would be useful to map the voluntary sector capacity available across the County, so that this could be appropriately linked in to integrated care plans at Clinical Commissioning Group level
- That funding had been received from Health Education Wessex to support training for staff in the new ways of working. Integrated Care Teams would be the initial focus

RESOLVED:

That the Board:

- Note the progress to date to develop the draft plan
- Agree the draft plan for submission by 14 February 2014
- Undertake to strengthen the voluntary sector element ready for the final submission of the plan in April 2014

29. **EVERYONE COUNTS PLANNING PROCESS**

The Board received a presentation from the Chair of the South Eastern Hampshire Clinical Commissioning Group, supported by the representatives of the other Clinical Commissioning Groups in attendance (Item 6 in the Minute Book). The national guidance produced

by NHS England 'everyone counts: planning for patients 2014/15 to 2018/19' was summarised, followed by how this had been translated into plans locally by each CCG.

The Board heard:

- That the Board's support was sought for the CCG's plans to be submitted to NHS England by 14 February 2014, with finalised five year plans required by 20 June 2014
- That each CCG's plan sought to align with the four strands of the Joint Health and Wellbeing Strategy agreed by the Board (Starting Well, Living Well, Ageing Well and Healthier Communities)
- That Fareham & Gosport and South Eastern Hampshire CCGs were working together, while recognising the differences of their different populations
- There were opportunities to work with partners to better utilise space in buildings, preferably in partnerships
- That close working took place across CCG boundaries to ensure a joined up approach
- That consideration of life expectancy data showed considerable inequalities between different communities in Hampshire and CCGs were planning to address this

Board Members commented:

- That it would be good to understand how these commissioning intentions would translate into upcoming contracting decisions
- That CCGs had undertaken engagement with stakeholders on their plans. The engagement document produced by North East Hampshire and Farnham CCG was circulated as an example
- That it may be useful to receive an update on how CCG plans are developing to a future meeting of the Board

RESOLVED:

That the Board:

- Agree that the commissioning plans of the Hampshire Clinical Commissioning Groups take proper account of the Joint Health and Wellbeing Strategy.

30. **FIT FOR THE FUTURE: MAINTAINING HIGH QUALITY HOSPITAL SERVICES FOR THE PEOPLE OF NORTH AND MID HAMPSHIRE**

The Board received a report from the Chair of West Hampshire Clinical Commissioning Group, the Chair of North Hampshire Clinical Commissioning Group and the Director of Wessex Area Team of NHS England (Item 7 in the Minute Book) regarding hospital services provided by Hampshire Hospitals NHS Foundation Trust to the population of north and mid Hampshire. The report was presented by the Chief Officer of West Hampshire Clinical Commissioning Group and the Medical Director of Hampshire Hospitals Foundation Trust.

The Board heard:

- That the Trusts running Winchester and Basingstoke hospitals had merged in January 2012 in order to ensure sustainable services.

The national direction of travel has since been the centralisation of specialist services

- West and North Hampshire CCGs were working together with the Wessex Local Area Team of NHS England as the commissioners of services for the affected population
- A number of options had been considered and had now been narrowed down to two viable options for further engagement and consultation
- The Trusts ambition was to provide services 'local where possible, central where necessary'
- The two options now being considered involved centralising care for the sickest 15-20% of patients (including high risk maternity care) either to Basingstoke Hospital or a new site between Basingstoke and Winchester
- Consideration was being given to how the capacity at the District General Hospital sites could be best used given the integration agenda and Better Care Fund plan
- The proposals had been considered by the Hampshire Health Overview and Scrutiny Committee, who had asked the commissioners to attend a future meeting with further information
- That it was planned to undertake engagement over the next eight weeks, and then take a view on the need for a formal consultation period

Board Members commented:

- That it was important to take into account the direction of travel of moving service provision away from acute settings and into the community as far as possible, and the potential impact of the proposals on other service providers and hospital sites. It was noted the next phase of work on the proposals would look at modelling of patient flows and the potential impact of the options across the health system in Hampshire.
- The Chairman welcomed the opportunity for the Board to be engaged at this early stage on potential significant change in acute service provision in Hampshire. He looked forward to receiving future updates on the next stages of the process.

RESOLVED:

That the Board:

- Note the work undertaken to date and the future programme, noting that work is ongoing, including to establish the anticipated impact on other parts of the local health system

31. **PAEDIATRIC THERAPY UPDATE**

The Board received a report from the Chair of South Eastern Hampshire Clinical Commissioning Group (Item 9 in the Minute Book) regarding paediatric therapy services.

The Board heard:

- That there had historically been inequality of access to children's therapy services, therefore it had been decided to re-commission

these services

- A new contract had been let in two lots (north and south) and both had been awarded to Solent NHS Trust. It was anticipated the new contract would be in place by May 2014
- The contract had been let for a four year period

Board Members commented:

- Historically there had not been enough capacity in the system. It was noted that it was hoped having a central triage service would make efficiencies and free up resource to be targeted at the front line

RESOLVED:

That the Board note the progress made in the commissioning of children's therapy services.

32. **COMMUNICATION & ENGAGEMENT**

The Board received a report from the Voluntary Sector representative on the Board (Item 10 in the Minute Book) regarding the communication and engagement group set up to support the work of the Board.

The Board heard:

- That the communication and engagement group acted as an advisory conduit, to ensure uniformity of communications activity across the partners involved in the Board where possible
- A draft terms of reference for the group, and draft engagement principles were presented
- It was planned to develop an engagement toolkit, and an impact assessment tool for assessing engagement activity
- It was anticipated that the proposed approach would help 'hard wire' engagement in the work of all the bodies represented on the Board

RESOLVED:

That the Board:

- Agree the terms of reference of the Communication and Engagement Group
- Agree that the Group promote an integrated approach to communication and engagement. This to be achieved through developing engagement principles, a communication and engagement tool kit and Engagement Impact Assessment
- That the Communication and Engagement Group work with each of the Joint Health and Wellbeing Strategy Theme Groups to support the development and delivery of appropriate communication and engagement strategies for all change programmes

33. **DATE OF NEXT MEETING**

The Chairman announced that the next meeting of the Board was due to

take place on 1 May 2014 at 10:30am. Future meeting dates of the Board for 2014/15 would be circulated and published online shortly.

Chairman, 1 May 2014