



# Minutes

Name of meeting	<b>ISLE OF WIGHT HEALTH AND WELLBEING BOARD</b>
Date and time	<b>THURSDAY, 29 JUNE 2017 COMMENCING AT 9.30AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Members of the Board	Cllr Dave Stewart (Chairman) – Leader and Cabinet Member for Strategic Partnerships Cllr Paul Brading – Cabinet Member for Children’s Services Cllr Geoff Brodie - IWALC Emma Corina – Chair of the Voluntary Sector Forum Steve Crocker – Director of Children’s Services – Isle of Wight Council Rida Elkheir – Director of Public Health Zoryna O’Donnell – Healthwatch Isle of Wight John Metcalfe – Chief Executive, Isle of Wight Council Cllr Clare Mosdell – Cabinet Member for Adult Social Care and Public Health Helen Shields – Chief Officer, Isle of Wight Clinical Commissioning Group Carol Tozer – Director of Adult Social Services Loretta Outhwaite – on behalf of Clinical Commissioning Group Caroline Morris – on behalf of Clinical Commissioning Group Howard Watts – Hampshire and Isle of Wight Fire Authority Sarah Jackson – Hampshire Constabulary Howard Watts – Isle of Wight Fire and Rescue Service
Officers Present	Marie Bartlett – Democratic Services Officer Paul Sly - System Convenor
Observers	Cllr Michael Lilley Cllr John Nicholson Jason Mack - IWALC
Apologies	Maggie Oldham – Isle of Wight NHS Trust Michael Lane – Police and Crime Commissioner Cllr Gary Peace – Cabinet Member for Community Safety and Public Protection Michele Legg – Chair, Isle of Wight Clinical Commissioning Group

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1. **Minutes**

**RESOLVED :**

THAT the Minutes of the meeting held on 22 March 2017 be confirmed.

2. **Declarations of Interest**

There were no declarations received at this stage.

3. **Public Question Time**

Questions were put to the Chairman as follows:

Cllr Michael Lilley asked a question regarding the Care Quality Commission (CQC) report on NHS services on the Island. He referred to the section that focused on mental health services, and whether there was a set time of improving mental health services. He asked it to be a priority in the Boards work plan.

The Cabinet Member for Adult Social Care and Public Health advised that mental health reconfiguration was a top priority and a mental health champion was being investigated. A response from the NHS Trust was read out which explained that a mental health improvement group had been established made up of members from the mental health services team at the trust, I W Clinical Commissioning Group, Local Authority Adult Social Care team, patient representatives and Healthwatch. They had initially met weekly to support the development of the improvement plan and now moved to fortnightly to monitor progress. The CQC had revisited the trust to review progress of the improvements and the feedback confirmed that patients were now safe.

4. **Chairman's address**

The Chairman asked everyone to introduce themselves and explain what they believed the purpose of the Health and Wellbeing Board was. A number of suggestions were made as follows:

- The board was toothless and should be a top level board bringing together health and wellbeing on the Island
- The board needed a more strategic role on the Island
- It should be seen as a system leader delivering policies
- It needed to make a positive impact on service users
- Look at the broader picture and how it impacted on other issues such as crime, poverty etc
- The board was what members made it and it needed to work with clear data and outcomes.

5. **Local Delivery System for the IoW**

The System Convenor advised the board that he had been appointed on a six month contract to support the Isle of Wight Council, NHS Trust and Clinical Commissioning Group. The key deliverables included:

- streamlining existing governance arrangements and develop a joint working programme office to drive system wide quality improvement and financial efficiencies,
- to support the Local Care System in discussions with NHS England and NHS Improvement
- to identify and prioritise the changes required to improve care across the island, in line with the island's vision.

A local care board had been established to look at, and agree, a local care plan which would be submitted to the Health and Wellbeing Board. The plan would identify and prioritise the necessary changes required. Ten task and finish groups would be formed and one of the top three being on mental health. The board was advised that the task and finish groups would be made up of officers and service users.

The board was told that the Local Care Plan was the Island part of the Sustainability Transformation Plan. The governance arrangements would require support from mainland organisations. There was some concern about how prevention would be incorporated into the task and finish groups.

**RESOLVED:**

- (I) THAT a letter be sent to key stakeholders to remind them of the purpose of the board
- (II) THAT the STP be a standard item on the agenda.

6. **IoW NHS Trust Integrated Improvement plan**

Apologies from the NHS Trust were given and they had offered to hold an interregnum meeting with the board if required to discuss key issues.

Following the Care Quality Commission inspection report the IW NHS Trust had produced an Improvement Plan which had been looked at by NHS Improvement and NHS England, to ensure its robustness. It was believed that the CQC had made further visits to the NHS Trust to look at the progress being made.

The board felt it was an important subject and believed a session to include the board and the council's Policy and Scrutiny Committee for Adult Social Care and Health would be useful to understand what the NHS Trust were putting in place to improve services on the Island.

Costs associated with the improvements had been reviewed closely with the Clinical Commissioning Group following a review of the trusts financial position.

RESOLVED:

(I) THAT the Chairman of the Policy and Scrutiny Committee for Adult Social Care and Health be requested to arrange for a briefing from the IW NHS Trust regarding the improvement plan.

(II) THAT the improvement plan be accepted

7. Care Close to Home: New Strategy for Adult Social Care

The Director for Adult Social Care provided a report regarding the new strategy for adult social care which aimed to reduce the gaps between: the quality of care, support; users' and carers' outcomes and wellbeing; organisational efficiency and finance. The outcomes would be measured as to how narrow these gaps had become over time. The funding was provided from new funds awarded by the government.

The Strategy was made up of three core delivery activities:

- Promote Wellbeing: To provide help and support to those residents who wish to continue to live at home safely and with dignity
- Improve Wellbeing: To enable people to regain their maximum level of independence following an illness, operation or accident.
- Protect Wellbeing: To enable people to live a life as they wish, safely and with dignity in their own homes wherever possible.

There were four enabling activities:

- Competent, Confident, Critical thinking staff: Frontline staff had a direct impact on lives of residents who used the service.
- Commissioning for value and impact: For those services provided by independent providers and not provided by the local authority
- Personalised Care and Practice: To make sure people are fully involved in the development and delivery of their own care, by assessing a person's strengths and used community networks of friends, neighbours and family.
- Partnership and Integration: By 2020 it is envisaged that people's experience of health care and control costs, that community health and social care be integrated.

Additional funds for Adult Social Care had been awarded over a 3 year period, with £3.2M in 2017/18; £2.1M in 2018/19; and £1.08M in 2019/20. The funding was to reduce delayed transfers of care; provide support for providers; and create capacity within the community. The funds were not to be used to inflate the department's revenue base and was a one off to transform, not to maintain the status quo. Plans for the grant had to be agreed with health partners and be included in the Improved Better Care Fund submissions.

The board questioned if this would include those adults supported by carers under the age of 18. Advice was given that there was work in progress to

ensure that the transition from young carer to adult carer was done properly.

**RESOLVED:**

- (I) THAT the vision, priorities and activities set out in Care Close to Home be endorsed.
- (II) THAT progress reports, detailing milestones, resources and outcomes are brought to the board in September and December 2017.
- (III) THAT the Policy and Scrutiny Committee for Adult Social Care and Health be requested to review Care Close to Home as early as possible, making recommendations as to any changes to the Cabinet and Health and Wellbeing Board.

8. **Better Care Fund/Improved Better Care Fund proposals**

The board was advised that they were asked to approve in principle the draft proposals to pool funds between the council and the Clinical Commissioning Group. Official guidance was still awaited although by learning from an unsuccessful signing of the Section 75 agreement the previous year's work had been undertaken differently. The Section 75 was expected to be agreed before the final submission date.

The focus this year had been on turning the Better Care Fund (BCF) into reality which would enable a more effective way to use the money with the two organisations working together.

The board was advised that the regional lead from Southampton had approached the Island and asked it to meet with the rest of the Wessex region to explain the way the Better Care Fund had been approached this year.

**RESOLVED:**

- (I) THAT the board approve in principle the draft proposals to pool funds between the IWCCG and the IW Council under the Better Care Fund (BCF) and Improved Better Care Fund (iBCF)
- (II) THAT the Chair of the Health and Wellbeing Board be authorised to approve the Better Care Fund Plan (including iBCF) on behalf of the board before the submission date.
- (III) THAT the final Better Care Fund Section 75 agreement is signed by the Chief Executive of the Council, or Chair of Health and Wellbeing Board, and the Chief Officer of the CCG following formal approval with each organisation.

9. [Making The HWB work: Identifying our Business Plan for the rest of 17/18](#)

RESOLVED:

THAT The board were reminded of a workshop arranged for Tuesday, 25 July 2017 commencing at 08.45am in the Council Chamber.

CHAIRMAN