HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 23 February 2016 at 2.30 pm

Present: **PM Morgan (Herefordshire Council) (Chairman)**
Mrs D Jones MBE (Herefordshire Clinical Commissioning Group) (Vice Chairman)

Prof Rod Thomson	Director of Public Health
Mrs D Jones MBE	Herefordshire Clinical Commissioning Group
Mrs J Davidson	Director for Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
JG Lester	Herefordshire Council
Samuels	Director of Adults Wellbeing

In attendance: Councillors

Officers:

48. APOLOGIES FOR ABSENCE

Apologies were received from Jacqui Bremner (Healthwatch), Simon Hairsnape (Herefordshire CCG), Andy Watts (Herefordshire CCG), and Jo-Anne Alner (NHS England).

49. NAMED SUBSTITUTES (IF ANY)

Hazel Braund (Herefordshire CCG) attended as a substitute for Simon Hairsnape.

50. DECLARATIONS OF INTEREST

None.

51. MINUTES

A correction was noted for item 43 in which the first paragraph should have read “An update was provided by the programme manager for children and mental health, which was priority 1 for the health and wellbeing strategy.”

RESOLVED
That subject to the amendment above, the minutes of the meeting held on 26 November 2015 be approved as a correct record.

52. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

53. CHILDREN AND YOUNG PEOPLE'S PLAN UPDATE

The assistant director, education and commissioning, presented an update on priority 2 of the health and wellbeing strategy.

The priorities agreed by the health and wellbeing board were being developed and delivered through the children and young peoples’ plan. It was noted that child

protection plans and the number of children in care acted as a litmus test for how effectively children were being supported and the range and impact of services being engaged.

The comparatively high number of looked after children (LAC) in Herefordshire in relation to the west midlands region, and the impact on resources, was noted. It was further noted, however, that there were a number of historic factors influencing this and that there was a strategy in place to address this through early help and supporting children in adolescence. The children and young people's partnership were also recognising early intervention and a whole-service approach to ensuring children were safe from significant harm.
It was clarified that young people who were not in employment, education or training (NEET) were not included in the figures as numbers had reduced significantly (by around 100) thanks to a successful project to address this group's needs.

It was noted that figures for LAC were for Herefordshire children only and that Herefordshire also has a significant number of children from out of county placed here in residential homes and independent fostering agencies, for whom there was a duty to provide services such as education and health.

An approach to meeting complex needs by the Council and the Clinical Commissioning Group was in place using a pooled budget. It was recognised that if the pattern of expenditure could be addressed it would enable resources to meet need earlier. However the operating environment placed pressure on the various agencies and so priority areas were identified to redirect resources in order to support vulnerable families. This was achieved through early help and funding accessed via the troubled families programme although it was recognised that there was a need to further develop a partnership approach.

Involvement of primary care and education was also a factor as these services were rooted in their communities although the onus was on the leadership to look system-wide and ensure that local and national issues were taken into account. There was potential to look at the child protection and LAC figures and develop an evidence base to measure impact.

The service priorities were supported by the children and young peoples' plan. A community hub model was under discussion to show how needs were to be met at the different levels of need and service approaches which mapped to adults' services. The role of the local area co-ordinator was described as a way of using the precept in a facilitative way from a family perspective with a single service approach and reducing higher threshold work. Experience from adults' services was that local knowledge supported the prevention of families entering into statutory services and recognising the value of strong communities. It was noted however that there needed to be greater sharing of information to target activity and the co-ordinator would help to achieve real solutions and bring the support together.

Board members noted some excellent outcomes and good practice evidenced and the significant improvement in the health and wellbeing of children especially in areas which were previously red-rated. The Board also noted there were significant areas which needed to progress

RESOLVED
THAT:

(a) the progress with priority two of the Herefordshire health and wellbeing strategy carried out through the children and young people's plan 2015 – 2018 be noted and

(b) the early help strategy be presented to the health and wellbeing board at a future meeting, to include an update from the director for children's wellbeing on further issues to address

(c) The director for children's wellbeing be asked to bring a report to explain what the current barriers are to effective information and data sharing between agencies and the effect this is having on outcomes and efficient ways of working.

54. HEREFORDSHIRE'S URGENT CARE PATHWAY

The urgent care pathway was presented by the CCG's programme manager.

Following local public consultation on a definition of urgent care, an emerging model had been developed in order to simplify the management of health needs. Development of the new pathway was in the context of reorganising the NHS 111 service to become the first point of contact alongside the development of seven-day walk-in centres, and using practitioners able to handle calls and direct people to the most appropriate care. This would be tailored to meet the needs of the local population in Herefordshire, for which access to records was key to supporting the success of this new pathway.

The pathway was welcomed in principle by board members although it was noted that the model seemed ambitious given the level of resources required to support it.

The model would be clinically based and, although concerns regarding the availability of a skilled workforce were recognised, there was confidence that there were appropriately skilled practitioners available in the county. Despite their initial concerns, and pressures on primary care services, it was noted that the model was supported by GPs.

Concern was raised regarding appropriate responses being available in relation to children's health needs in light of concerns raised nationally over the NHS 111 service. The board was given reassurance that groups requiring a particular approach were identified and callers seeking support for children under the age of five would speak with a clinician.

In response to a question regarding the cost of dedicated clinical specialists, it was explained that there would be economies achieved through access to regional clinical teams who would be able to refer onwards to local clinical specialists.

The service would also eventually be compatible with smart technology and by making changes to the pathway and directing people to appropriate alternative clinical services, it was identified that a minimum of 20% capacity could be achieved which would have positive impact on A&E.

There was broad support of the principles of the urgent care pathway, but with concerns over a number of the practicalities,

Following the review of the work to date, the health and wellbeing board resolved that:

(a) the plans did align with the vision and principles;

(b) in the light of the concerns that this approach required a change in behaviour which had previously been hard to achieve, the CCG be asked to provide further assurance to the board at specific stages of the plan to ensure public confidence was at an appropriately high level in the effectiveness of the

arrangements, and that this was leading to a change in the way the public were seeking urgent care advice and support.

55. 5-YEAR SUSTAINABILITY AND TRANSFORMATION PLAN

The CCG director of operations presented the intentions and approach being adopted locally to develop a sustainability and transformation plan (STP) which was designed to identify gaps in health and wellbeing, quality and efficiency, and finance, so as to address improvements.
The plan would consider enabling elements, such as workforce education, recruitment and retention and digital technology. It would also consider what could be done to improve sustainable health services in Herefordshire, for example to address the impact on a small specialty were a clinician to leave the team.

The requirement was to have a draft vision by Easter 2016 and for the plan to be submitted by June 2016. Governance structures needed to be established including a joint STP board, with membership to include representatives from the health and wellbeing board and Healthwatch.

Although the footprint for the STP had been established by the NHS nationally as covering Herefordshire and Worcestershire, it was confirmed that the primary planning intention was to reflect One Herefordshire and that there was no plan to join up with Worcestershire in a structural / organisational sense, although a small number of services were being identified where a joint approach appeared likely to bring benefits.

Discussion took place regarding proposed membership and chairmanship of the STP board, the need for terms of reference, recognition of the need to include all services and how to enlist external expertise where gaps could not be addressed locally.

The director for adults and wellbeing, as regional STP lead on behalf of the association of directors of adult social services (ADASS), highlighted that there were significant challenges to resolve around STP development, which meant that as well as addressing local need, there needed to be access to a regional viewpoint from a local government perspective. Although the health and wellbeing board was required to sign-off the STP, it was noted that guidance on the precise remit of the board was unclear.

From an NHS perspective, it was important to ensure that the STP process produced good outcomes locally. Work was in progress to improve pathways with Worcestershire and Gloucestershire, and also with Powys, in recognition of the complexity of working across borders.

There followed a discussion, which recognised that this was an essential piece of work which presented an opportunity to develop services for the best outcomes for Herefordshire. It was concluded that the board would hold a facilitated workshop as a matter of urgency, to include provider representatives, to address the content and governance arrangements for the STP.

RESOLVED
THAT:

(a) the chair of the health and wellbeing board devise terms of reference for a workshop; and

(b) a workshop be held as a matter of priority with board member commitment to attend.

56. BETTER CARE FUND QUARTERLY REPORT

The director for adults and wellbeing introduced the quarter 3 BCF submission and explained that the covering report, which read as a council paper, should have been presented on behalf of the council and the clinical commissioning group jointly.

New arrangements for data submission would be in place from 1 April, for which national guidance was published today. However it was noted that the template was not yet available.
The timescale was that by 2 March 2016 the completed template needed to be submitted showing the high level contributions, plans and risks, therefore there was a very short timescale to respond. The full draft plan was to be submitted by 21 March, and the final plan signed off by the health and wellbeing board by 25 April. It was noted that delegated authority would be required for this submission due to the timing of board meetings.

There were a number of changes regarding the national conditions for the BCF, notably in relation to delayed transfers of care, which required additional work and it was key to ensure this was consistent with the STP, although timings for the two were out of step.

It was noted that it had been announced in the recent comprehensive spending review that all areas were to produce health and social care integration plans to 2020, to be completed by the autumn, and if achieved, these would replace the BCF requirements. It was noted that the assurance process for the BCF would be at regional level between local government and NHS rather than at national level and it was hoped this would be less onerous than had been the experience for the plans for 2015/16.

RESOLVED
THAT:

(a) the better care fund (BCF) quarter three report be approved for submission to NHS England; and

(b) the health and wellbeing board approve delegated authority for the full draft plan to be submitted by 21 March.

57. WORK PROGRAMME

RESOLVED
That the work programme be reviewed through the agenda planning process prior to republication.

The meeting ended at 4.57 pm **CHAIRMAN**