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 19 July 2016 at 2.00 pm

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

Mr S Hairsnape	Herefordshire CCG
Mrs D Jones MBE	Herefordshire Clinical Commissioning Group
J Davidson	Director for Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
Ms J Bremner	Healthwatch representative - Carers Support
M Samuels	Director of Adults Wellbeing
horne	NHS Herefordshire Clinical Commissioning Group
JA Hyde	
Westlake	

In attendance: **Councillors**

Officers:

71. APOLOGIES FOR ABSENCE

Apologies were received from Jo-Anne Alner (NHS England), Cllr JG Lester and Prof Rod Thomson.

72. NAMED SUBSTITUTES (IF ANY)

Cllr JA Hyde attended as a substitute for Cllr JG Lester, Alan Exell attended for Jo-Anne Alner (NHS England) and Andrea Westlake for Prof Rod Thomson.

73. DECLARATIONS OF INTEREST

None.

74. MINUTES

RESOLVED
That the minutes of the meeting held on 23 March 2016 be approved as a correct record and signed by the chairman.

75. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

76. APPOINTMENT OF CHAIR OF THE HEALTH AND WELLBEING BOARD

The board noted the reappointment of Councillor PM Morgan as the chair of the health and wellbeing board.

RESOLVED
That Councillor PM Morgan be appointed as the chairman of the board.

77. APPOINTMENT OF VICE-CHAIR OF THE HEALTH AND WELLBEING BOARD

The chair thanked Mrs Diane Jones MBE for her hard work over the past year.
She nominated Dr Dominic Horne as new vice-chairman of the health and wellbeing board. Simon Hairsnape seconded the nomination and Dr Horne was elected unanimously as the vice-chairman.

RESOLVED
That Dr Dominic Horne be appointed as vice-chairman of the health and wellbeing board.

78. INTEGRATION: BETTER CARE FUND (BCF), SUSTAINABILITY AND TRANSFORMATION PLAN AND ONE HEREFORDSHIRE

The director for adults and wellbeing introduced these reports under a new standing agenda item to consider integration. The reports presented today were prepared jointly by the council and the clinical commissioning group.

<u>Better Care Fund</u>
It was a requirement to report to NHS England on the performance of the better care fund at required intervals. Board meetings had been aligned to the submission dates given by NHS England but changes to data templates had not made it possible to seek formal board approval of submissions and meet the timescale for submission. It was recognised that this was not ideal and retrospective approval was sought.

A key issue identified as regards financial implications was that of agreed risk sharing. The total spending pool on residential, nursing and health care was in the region of £20m and had overspent by £1.3m which meant that the risk share was bulk-funded by the council. There would be considerable input to the new better care fund to address this issue.

Board members confirmed that in terms of performance of the fund, they would be guided on significant issues and support would be given to officers in decision-making.
In terms of quality of care, the quality monitoring team was working with contracted services, although board members were reminded that 70% of care was self-funded. A new quality framework was in process of implementation with a balanced score-card approach for each home to use. This would enable closer involvement to maintain quality.

It was noted that care was provided for the most vulnerable people who were not always able to speak up about the quality of their care and the intention was to work across adults' and children's care to see the whole picture.

In answer to a question regarding a new integrated framework regarding contracts, the director for adults and wellbeing reported that the focus was on working towards a single contract with all residential and nursing homes. There was close working with the CCG which allowed for streamlining of systems and better engagement with the market. For individuals placed or reviewed since April 2015, there was confidence that they were in right place with the right care package at the right price. The focus was on individuals who had not had a review and were not already on standard rates, to ensure proper and full review and risk sharing.

It was noted that although it was possible to place people at standard rates, sometimes placement was not as close to home as wished. Whilst there was some pressure, this was not due to capacity, although it was noted that domiciliary care was more difficult, particularly for people with complex needs in more rural areas where it was less easy to establish cost effective visiting routes. To address this, reprocurement was intended, with active public consultation.

The director of children's wellbeing explained that there were also children and young people with complex needs and although numbers were small, a new approach was introduced to support a reduction in reliance on residential care, whilst providing a range of therapeutic provision which was value for money. The director referred to the Narey report on the quality of care in children's residential services which was driving an increase in the quality of care and local provision would need to meet this.

<u>One Herefordshire / sustainability and transformation plan</u>

The director of transformation for One Herefordshire introduced an update on the sustainability and transformation plan (STP) and how One Herefordshire would be realised within it. The report summarised the work so far and how it addressed the triple aims gap.

The director explained that One Herefordshire was a key element as a delivery mechanism for the health and wellbeing strategy and the children and young people's strategy. The STP was submitted in June and NHS England had advised that this would be an interim submission with the final plans submitted for approval in September. A draft plan could be shared after that point. The priorities were to maximise efficiency and effectiveness across clinical pathways, with high value contact, and to reduce inefficiencies in front and back office.

The CCG and the council shared a strong vision of prevention. The NHS definition of prevention was evolving to be more about communities and resilience, and encouraging new ways of working. The development of hospital care was under focus and in terms of local footprint for secondary care provision, this was wider than Herefordshire and Worcestershire. It was also noted that there would be changes to the model which would raise the profile for children and young people through the children and young people's plan. There would be a more place-based approach and a recognition that the workforce went beyond direct employees and this resource needed to be maximised. Healthwatch and voluntary and charity services (VCS) were on the programme board, and VCS were involved in some of the work streams. It was noted that there was a desire to focus more on engagement, although this had to follow the nationally mandated process, and more information would be shared as soon as possible.

Discussion took place around a requirement for greater understanding of the plan in order to understand the next steps and although it was difficult to give people more information on the STP until the plans were made public, it was possible to say more about One Herefordshire.

The director for adults and wellbeing observed that there was high level engagement with the STP within the NHS and indications were that the local footprint was coherent. It was important to identify the best use of the £1.4bn budget that would be available by 2020 by addressing the triple aims gaps and providing high quality services. One Herefordshire would be the focus for local provision in Herefordshire and in ensuring that the county's view is seen in order for people to be able to relate to provision locally.

The director of children's wellbeing reported that there had been good dialogue between Herefordshire and Worcestershire regarding key priorities, which included 0-5 years, healthy child programme and integration of services. The aim was to improve how all agencies worked together for children with special educational needs, unaccompanied asylum seekers, risky behaviour and mental health. For the latter, this included supporting parents with their mental health care needs. The chairman added that the key was to address the health of children as this was fundamental to the future health and wellbeing of the population of the county.

Further discussion took place regarding promotion of knowledge of One Herefordshire and making it clearly understandable for everyone. A communications and engagement group on One Herefordshire and the STP took the view that whilst co-ordinated engagement and formal consultation was essential, until there was more detail arising from the strategic level, there was insufficient information to share that would encourage engagement. The chairman of Healthwatch confirmed an offer to assist with this at the appropriate time, noting that there was a range of forthcoming possibilities that could help to raise awareness. The role of councillors in passing on key messages was also noted.

The board was reminded that plans were still at a high level and guidance on integration was not expected until September at the earliest. Plans for health and social care integration by 2020 would be prepared for signing off by the end of the financial year, and any delays meant that the plan may not materialise in tandem with the council's 2017-18 plans and the NHS 2-year plan.
Responding to a question from the vice-chairman, the director for adults and wellbeing added that there would be no shared budget implications arising from this.

Board members commented that the STP had raised the significance of One Herefordshire and was helping to move it forward. The STP was welcomed as a route to a balanced budget. Work streams were evolving and it was important that the board had ownership of the STP as custodians. Contributions from the board regarding the STP were welcomed by NHS England.

RESOLVED

THAT:

(a) the better care fund (BCF) quarter four report, attached at appendix 1, as submitted to NHS England on 1 June 2016 be approved;

(b) the financial outturn report, attached at appendix 2, be noted;

(c) board meeting dates be aligned to submission dates;

(d) on such occasions when board meetings do not coincide with submission dates, authority be delegated to the director for adults and wellbeing, following consultation with the accountable officer of the clinical commissioning group, to sign-off that submission and to bring it to the next available board meeting to enable the board to review performance and make recommendations for improvement;

(e) that a report on the quality of services and market shaping for adults and children be presented at a future meeting of the health and wellbeing board; and

(f) the update on the sustainability and transformation plan and One Herefordshire be noted.

79. HEALTH AND WELLBEING STRATEGY: EARLY HELP STRATEGY

The director of children's wellbeing introduced the report. Board members were reminded that the children and young people's plan included a refreshed approach to early help and there was a lot of evidence that it was not intervening at an early enough point to reduce the number of children reaching the higher tiers of service provision to get help. The children and young people's partnership recommended the refreshed strategy.

The head of children's commissioning summarised the key features of the strategy, which were:

- family focused, addressing the issues of the whole family
- community focused – drawing on strengths and services in each locality and working with families to build resilience
- targeted – ensuring the right level of support and the right time and integrating with the families first programme
- multi-agency – to reflect the complex issues faced by families
- aimed at building resilience in families – equipping families with skills to self-support in the future and looking at alternative ways to support families.

The changes meant that families would be empowered and equipped to identify their own needs and solutions using local resources in their community. Based on a 'team around the family' approach, this would enable support to be accessed at lower levels of need, and avoid the most intensive intervention as far as possible. Any interventions would be based on appropriate assessments and review.

The refreshed strategy presented challenges around changing cultures and strategic developments in the context of One Herefordshire and the STP, and there would need to be co-ordination with care pathways. Effectiveness would be evidenced by an outcomes scorecard which would be reported to the CYPP.

A pilot had commenced in Leominster in order to test the model, extending to Bromyard, and, by the end of the year, would be county-wide.

Support and commitment was sought from the board for the early help strategy and for board members to provide the leadership to ensure that care pathways between partners were joined up.
It was acknowledged that a commitment to the strategy was required from all partners and a rebalancing of resources would be required in order for there to be a beneficial and sustainable service. The need to for earlier contact with families was noted, and in such a way that was supportive and empowering.
The Leominster pilot used community connections and was an opportunity to test those connections, working with a number of families.

The director of children's wellbeing explained that in some cases the biggest issue for families was around the neglect of children but for whom major intervention would not be necessary if they received the right early help provision. The safeguarding board set out the levels of need to show the appropriate level of intervention for children at significant risk of significant harm. However it was evident that the higher level of intervention at level 4 was sometimes applied in escalation to ensure that a child accessed the provision that was needed. Support for professionals was needed in order to reduce

need for access to higher levels of intervention so that families could resolve issues themselves rather than depending on formal systems.

Board members identified a number of examples of good practice and partnership approaches that encouraged cohesion, and which if implemented more widely would encourage agencies to change practice and approach. This was particularly important in providing support in rural areas and it was suggested that for completeness, it would be beneficial for the early help strategy to be piloted in a rural area. It was acknowledged that there were a number of other aspects that would benefit from further exploration such as children in home education and young carers, and although this relied on community intelligence, changes should emphasise empowerment for families rather reliance on social care.

Discussion took place regarding the practical steps that could be taken to encourage cultural change, including contact with GPs, teachers and other professionals who could help to promote new approaches, and developing multi-agency group meetings which could be developed into family network meetings.

The chairman commented that the strategy must gather pace following the Leominster pilot in order for it to be seen across the whole system. Commitment at senior leadership level was therefore encouraged to ensure it happened. Board members were assured that there were plans in place to ensure this and the strategy would extend to Bromyard after Leominster and rural issues were being addressed.
However, support was required to increase engagement with providers in recognition that there were many ways of supporting people in communities.
Assurance was also given regarding the matter of information sharing, which would be supported through a data hub and an overarching data agreement covering major agencies and this would set the scene for other providers to follow. The success of this would be dependent on being open with families about sharing data and to establish their consent.

RESOLVED
THAT:

(a) the early help strategy be endorsed to deliver the priorities of the health and wellbeing strategy;
(b) updates on delivery of the strategy be provided to the board; and
(c) a visit be arranged for board members to Leominster to review progress to date.

80. UNDERSTANDING HEREFORDSHIRE: JOINT STRATEGIC NEEDS ASSESSMENT

The director for adults and wellbeing introduced the report and explained that it was a statutory requirement for a joint strategic needs assessment and locally, this was branded as Understanding Herefordshire as a comprehensive online resource.

The key points were that:

- Herefordshire had a population of 187,000 people which was not ethnically diverse
- the county had an older population compared with the national average although people were living longer in poor health, which had implications for the wellbeing of the population
- the county contained 12 lower super output areas (geographic areas for the purpose of gathering population data) which were in the top 25% nationally of most deprived areas. This had increased by four, to include Bromyard, since 2010.

- 4500 children lived in deprived households although the level of deprivation was hidden in the county
- mortality was linked to deprivation and there were many examples of the wider determinants of health impacting on life chances. The JSNA looked at wellbeing more broadly so, for example, child sexual exploitation and neglect were considered as being consequential to behaviours.

There was a busy and active public health team and the board was asked to consider how to use the resource to best effect in order to ensure that policies and commissioning were evidence based. Although the JSNA informed planning and commissioning, and the focus on the social and economic aspects of the county was welcomed, it was noted that it could be used more to map services and identify gaps in provision. For example, a specific issue was the poor state of dental health and the need to address this, noting the policy to not provide fluoride in the county's water supply.

On the matter of dental health, steps were being taken with Public Health England to address funding streams supported by additional data and to encourage schools to engage with dentists. It was noted that Herefordshire was not allocated funding for dental health and a solution was sought with NHS England and PH England.

The JSNA would support a refreshed health and wellbeing strategy and inform the annual report of the director of public health. Whilst is was noted that the data was essential, the themes should be prioritised for focused reporting rather than reporting on every aspect each year.

Assurance was given that NHS England was engaged with the process and that involvement would be reviewed to enable better outcomes.
It was noted that there was a wealth of data within Understanding Herefordshire which highlighted issues that needed attention. One Herefordshire would support planning cycles and commissioning to be more cohesive.

Understanding Herefordshire was to be presented to Cabinet next week.

Board members were advised that the annual report of the director of public health would give more information on public health's work around inequalities and outcomes. The report would be presented to the health and wellbeing board in September.

RESOLVED
That Understanding Herefordshire: JSNA 2016 be approved for publication.

The meeting ended at 4.33 pm **CHAIRMAN**