Herefordshire Council

AGENDA

Health and Wellbeing Board

Date:	**Wednesday 19 October 2016**
Time:	**3.30 pm**
Place:	**Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	Councillor PM Morgan	Herefordshire Council
Vice-Chairman	Dr Dominic Horne	NHS Herefordshire Clinical Commissioning Group
	Simon Hairsnape	NHS Herefordshire Clinical Commissioning Group
	Prof Rod Thomson	Director of Public Health
	Diane Jones MBE	NHS Herefordshire Clinical Commissioning Group
	Jo Davidson	Director of Children's Wellbeing
	Paul Deneen	Healthwatch Herefordshire
	Jacqui Bremner	Healthwatch Herefordshire
	Councillor JG Lester	Herefordshire Council
	Martin Samuels	Director for Adults and Wellbeing
	Jo Melling	NHS England

AGENDA

		Pages
PUBLICINFORMATION		5 - 6
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive any details of members nominated to attend the meeting in place of a member of the committee.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interests of interest by members in respect of items on the agenda.	
4.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive questions from members of the public relating to matters within the board's terms of reference. (Questions must be submitted by midday three clear working days before the day of the meeting)	
5.	**MINUTES** To approve and sign the minutes of the meeting held on 20 September 2016.	7 - 12
6.	**UPDATE ON HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN** To update the board on the development of the decisions and delivery programmes for the draft Herefordshire and Worcestershire Sustainability and Transformation Plan (STP), which is being submitted to NHS England on 21 October 2016.	13 - 18

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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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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 20 September 2016 at 2.00 pm

Present: **PM Morgan (Herefordshire Council) (Chairman)**
Dr Dominic Horne (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

Prof Rod Thomson	Director of Public Health
J Davidson	Director of Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
Ms J Bremner	Healthwatch Herefordshire
Mr M Samuels	Director for Adults and Wellbeing

Officers: **Amy Pitt, better care fund joint commissioning manager**

81. APOLOGIES FOR ABSENCE

Apologies were received from Cllr JG Lester, Diane Jones, MBE (NHS Herefordshire CCG), Simon Hairsnape (NHS Herefordshire CCG) and Jo-Anne Alner (NHS England).

It was noted that Jo Melling would be attending in future as the NHS England representative.

82. NAMED SUBSTITUTES

There were no substitutions.

83. DECLARATIONS OF INTEREST

None.

84. MINUTES

RESOLVED
That the minutes of the meeting held on 19 July 2016 be approved and signed by the chairman as a correct record.

85. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

86. BETTER CARE FUND 2016-17 QUARTER ONE PERFORMANCE REPORT

The better care fund joint commissioning manager presented a report on the performance of the better care fund against the plan for the first quarter of 2016/17. The return for quarter one had already been approved under delegated authority by the director for adults and wellbeing, in consultation with the CCG accountable officer, in order to meet the timescale for submission to NHS England.

The following key points were highlighted:

- non-elective admissions were on track. Rapid access to discharge was redesigned on block contract arrangements through the CCG. There were some ongoing issues in relation to delayed transfers of care (DToC) with no indication of immediate improvement and an uplift of £55k had been made available to support improvements in performance
- performance in relation to the number of placements in residential care homes remained the same and the target was reduced from last year in line with regional trends
- a unified contract for residential nursing had been developed and over 100 care homes had submitted bids following extensive engagement and consultation. The benefit to providers is that the council pays the gross amount for care so providers are not affected financially if an individual does not pay their top-up contribution, which would be collected by the council. It was not considered that the risk and cost to the council of this arrangement was significant. For individuals, the impact was that the potential was removed for providers to act unethically in attempting to increase fees charged to service users, although it was noted that this had not been a particular issue locally. Providers were now being assessed using the quality assessment framework.
- the section 75 agreements that supported the BCF legal framework had been combined to make a single agreement across children's and adults' services with effect from 1 October 2016, as agreed by Cabinet.
- in terms of financial implications, there was a 40% increase in the unit price paid for NHS funded nursing care, putting pressure on the budget for the CCG. This was as a result of national policy change and not a local issue.
- it had been possible to cap the risk share for each BCF partner by reducing the client cohort. The risk is set at 13% of the contribution to that cohort for each partner and reviews of clients were picking up. The situation was to be monitored on a monthly basis.

The chair observed that although performance had not reduced, there were no significant improvements and asked how this could be addressed, and what the health and wellbeing board could do to help.

The director for adults and wellbeing explained that the BCF formed only 10% of the directorate's budget, and much less of the CCG budget, which was not of sufficient scale to change behaviour. He suggested that one solution might be to count the protection of adult social care element of the BCF budget in with business rates, such that it was received direct by the council rather than as a transfer from the CCG, but there were tensions associated with this. Where the BCF had made a difference in other areas, it was where it formed a larger proportion of the adult social care budget. To do this would require closer working and this was the direction of travel for joint commissioning work. There was a whole system approach but with a small fund. The alternative would be to produce plans for full integration, and this may be the way forward. The national context was that the NHS was looking at 2-year plans, with guidance for this becoming available in the next few days, and although ministers were engaged with integration, there was a knowledge gap within DH around social care.

The vice-chairman commented that the rate of change for the NHS made it hard to plan over two years.

Referring to the section 75 agreement, the director for adults and wellbeing explained that it presented some difficulties in governance such as differing rules for delegation of decisions between the council and the CCG. A way forward was being developed to address this which would be shared with cabinet members. The chair emphasised the

need to ensure this work happened in order to remove barriers to the effective management of the BCF.

Discussion took place regarding the help to live at home project which updated the arrangements for domiciliary care. Therapy led interventions were being considered for initial reablement rather than using the domiciliary care market through commissioning and use of rapid access to assessment and care (RAAC) beds. It was recognised that this formed part of the frailty pathway, which included long term conditions and children, and supported integration.

The director of public health asked about the key areas to focus on for improvement and how to overcome slower performance. The BCF joint commissioning manager explained that cultural change played a big part in improved performance and there needed to be a shift for services to be considering discharge as soon as someone started to receive care. Greater focus on DToC and RAAC beds would help release funds for community-based care so that people could go home sooner.

The director of public health commented on closer inspection of any evidence of links between causative factors for particular conditions and whether prevention work would assist the situation.

Healthwatch commented on the need for more proactive contingency planning with carers to prevent admissions. It was important to make best use of resources and evaluate the effectiveness of provision. It was observed that patients from Wales used Herefordshire services and there were disconnects between English and Welsh social care systems. It was noted that Powys had a significant impact on DToC and this needed investigating as there was no specific reference to Powys in the BCF, although charges were made back to Powys to cover cost of care. However, an action plan was needed to address this so that out of county assessments could be made to enable care closer to home. It was suggested that the additional funding for DToC could be used in improving performance in this area as a matter of priority.

In considering BCF performance and making the link to the wider context of understanding the integration agenda and the sustainability and transformation plan (STP), Healthwatch commented on public engagement and awareness and that it was not helpful for the NHS to expect consultation on the STP within a very small timescale. Healthwatch was supporting engagement on this and developments were happening both in terms of social media and face to face work. The health and wellbeing board had an oversight role on the development of the STP and there was more that could be done to contribute to the local plans, including closer working with the Worcestershire health and wellbeing board.

The director of children's wellbeing reminded the board that it had a statutory role in ensuring plans were in line with the health and wellbeing strategy. The director for adults and wellbeing commented that NHS England seemed unclear about the role of health and wellbeing boards and whilst they intended them to sign off the STPs, in practice they were expected to take a less directive role. A meeting of the board before submission of the STP on 21 October would ensure that the board fulfilled its governance role against the health and wellbeing strategy.

RESOLVED
That, in light of the information within the better care fund (BCF) 2016-17 quarter one return, as reviewed, and in the context of the wider integration and STP agenda, the board meet to review and comment on the STP prior to its submission on 21 October.

87. UPDATE ON PRIORITY THREE OF THE HEALTH AND WELLBEING STRATEGY

The director for adults and wellbeing introduced the update by explaining that there was a change in approach from one that was centred on how conditions were defined to one based on what a person's needs were. To achieve this, teams were less focused on being condition or cohort specific and were instead more based on geography. There was therefore no single strategy for older people as they were not a specific cohort.

The BCF joint commissioning manager highlighted the key areas of work and the drivers to the approach in terms of delivery of services to enable people to support themselves:

- A key work area was the help to live at home project as a redesign of home care services which was to be presented to Cabinet for approval in October and if agreed, would mean dedicated providers for those needing more intensive support
- The approach would seek to address some operational challenges faced by providers by focusing on viable geographic areas
- The council would choose the providers for each area so that the service users would know who their providers were and how care would be provided
- The Golden Valley area would have a slightly different approach, making use of its community hub and using one provider for each pathway rather than a number of providers

A Healthwatch representative commented on the costs and the governance issues associated with volunteering despite the sector not attracting funding. He asked what could be done to reduce the burden for volunteers in order for them to make a bigger contribution to the community. In the discussion that followed, it was noted that there were misconceptions by some professionals of the reliability of services provided by volunteers, when in reality many volunteers were very committed to their role. However, volunteer input could be better directed, perhaps through Herefordshire Voluntary Organisations Support Service (HVOSS), to where the need was. There was no formal way for volunteers to find out what was needed in their communities or for it to be easier for them to support their neighbourhood without unnecessary bureaucracy.

On the matter of housing, it was noted that accessibility and schemes for extra care were being considered through the possibility of providing housing stock with room to accommodate a carer, and pursuing social housing provision within planning applications. Commissioners were looking at this via analysis of need in order to inform planning decisions. There was no funding to provide housing and it was important to work with registered social landlords about what was required as well as consider fuel poverty issues.

The director for children's wellbeing noted some good progress on outcomes against the strategy, noting that direction was clearer.

A number of areas were identified by board members that would support better outcomes against this priority area:

- public health services such as active here and diabetes prevention and the contribution of GPs to wider prevention issues and supporting people in the right way
- a whole systems approach to discharge to avoid commissioning silos
- falls responder service to help reduce admissions
- links between public health and warmer homes to support people to consider different providers in order to reduce heating bills
- better use of the WISH service to raise peoples' awareness of the services and support available

- greater use of the principle of making every contact count
- greater involvement and engagement of the voluntary sector
- development of support within communities, families and of personal responsibility for self-care
- development of skills in the use of direct payments

RESOLVED
THAT:

(a) it be confirmed that progress to date was supporting delivery of the health and wellbeing strategy; and

(b) approaches to remove any barriers to success or further improve rate of progress be identified as summarised above.

Ofsted joint inspection

The director of children's wellbeing informed the board that there would be a joint inspection of the area by Ofsted and CQC of special educational needs and disability arrangements over five days next week (week commencing 26 September 2016).
She thanked Jacqui Bremner for her assistance in organising sessions with parents and carers, and invited board members to note a parents' webinar to be broadcast on Wednesday evening, 28 September.
The inspection was welcomed as this was a priority in the children and young people's plan which would benefit from external review, which would include education and health care outcomes including short breaks, early years and the full range of disability. A narrative report would follow after the review.

The meeting ended at 3.57 pm **CHAIRMAN**

Herefordshire Council

Meeting:	**Health and wellbeing board**
Meeting date:	**19 October 2016**
Title of report:	**Update on Herefordshire and Worcestershire Sustainability and Transformation Plan**
Report by:	**Director for adults and wellbeing**

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To update the board on the development of the decisions and delivery programmes for the draft Herefordshire and Worcestershire Sustainability and Transformation Plan (STP), which is being submitted to NHS England on 21 October 2016.

Recommendation(s)

THAT:

(a) the board note the content of the report;

(b) the board make such recommendations for improvement of the draft STP plan as may seem appropriate in the light of the update; and

(c) the board set out how it wishes to be engaged in the future stages of the STP process, taking account of the proposals for public engagement and consultation.

Alternative options

1 There are no alternative options to the STP. This is a national process, mandated by NHS England (NHSE), in which all NHS organisations are required to participate. There is a national expectation that local councils will engage actively as full partners. Given the interdependencies between health and social care, there are strong reasons for them to do so.

Reasons for recommendations

2 The STP programme provides the framework for whole system leadership and collaboration across the footprint of Herefordshire and Worcestershire. This will link into a system wide strategic direction and mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan within Herefordshire. In turn, this will drive improved wellbeing for our residents, coordinating activities across the council, Herefordshire Clinical Commissioning Group (CCG), and their voluntary and community sector (VCS) partners. It will enable the council and the CCG to engage with wider public sector partners in a co-ordinated manner to increase efficiency and value for money.

3 The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery, and securing ongoing financial sustainability.

4 It is expected that the STP process will be merged with the requirement, flagged by the former Chancellor of the Exchequer in October 2015, for all areas in the country to produce a plan for the full integration of health and social care by 2020. Guidance on this process, based on an expansion of the current Better Care Fund (BCF) process, is expected to be published jointly by the Department of Health and the Department for Communities and Local Government during November.

Key considerations

5 On 22 December 2015, NHS England issued the annual and long term planning guidance for CCGs. As well as the regular requirements for one year operational plans, this guidance called for the development of whole system STPs covering a defined 'planning footprint'. The planning footprint for this area is Herefordshire and Worcestershire – a footprint covering a population of approximately 780,000 people. There are 44 footprints nationally, with the average sized footprint covering 1.3m people and the largest footprints covering 2.5m people.

6 The STP has been considered formally by the HWB at each of its meetings during 2016, with informal updates to the chairman on a regular basis. The STP, as part of the wider integration agenda, is now a standing item on the HWB agenda.

7 The STP builds upon local transformation work already in progress, including through the One Herefordshire initiative. The purpose of the STP is to develop the opportunities for local organisations to work on a more sustainable planning footprint in order to address the 'Triple Aim' gaps:

- Health and wellbeing - The main focus is on achieving a radical upgrade in illness prevention to reduce the long-term burden of ill-health, both from a quality of life perspective for individuals and a financial perspective for the health and social

care system.

- Care and quality - The main focus is on securing changes to enable local NHS provider trusts to exit from their Care Quality Commission (CQC) special measures and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services. One of the objectives of active involvement in the process by the council has been to ensure that this focus is widened to encompass social care services.

- Finance and efficiency - The main focus is to reduce unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision. Again, one of the objectives of the council's active involvement in the process has been to ensure that full regard is paid to the need for social care services to remain viable, in the context of significant reductions in council budgets.

8 An initial submission was made to NHS England in April, outlining the Triple Aim gaps within the STP footprint. A further interim submission, which outlined our approach, key workstreams and some of the key lines of enquiry for the STP, was made to NHS England (NHSE) on 30 June. A feedback meeting was then held between senior officers from across the STP footprint and very senior figures from NHS England, NHS Improvement, the CQC and the Local Government Association (LGA).

9 The next submission of the draft STP plan will be made on 21 October. This strategic draft plan will then form the basis of the operational planning cycle for NHS commissioners and providers for the next two financial years (2017/18 and 2018/19). A workshop is being held with members of the board on 19 October. Based on the information presented at that session, the board may wish to make recommendations on how the draft STP might be improved.

10 The STP documents are not yet public. They are at this time working drafts and are subject to the views of government. When the draft STP submission is made in October and formally approved by the NHS and local authority partners, public consultation will commence.

11 The timetable for this is being developed at the current time. Members of the board will wish to make comments on the approach that ought best to be adopted, prior to the start of any formal process, and on how the board ought to be involved, in ensuring that the proposals are consistent with the Joint Health and Wellbeing Strategy. Given that the STP footprint covers both Herefordshire and Worcestershire, it may be considered appropriate for the proposals to be reviewed by the two HWBs for Herefordshire and Worcestershire meeting jointly.

12 The next steps are broadly:

- 21 October: draft plan submitted to NHSE

- November: draft plan revised and or signed-off by NHSE

- November – draft plan formally approved by STP partners

- 23 December: two-year contracts signed by CCGs with NHS providers, informed by the direction of travel of the STP

- Winter 2016 onwards: extensive public engagement on the suggestions contained in the STP

- Spring 2017 onwards: formal public consultation on STP proposals for service change, developed from the STP plan, timing will be dependent upon the time required to engage and generate options for change with patients and the public.

Community impact

13 This proposal will support the delivery of Herefordshire's Health and Wellbeing Strategy and the Children and Young People's Plan.

14 Improving value for money and the efficiency of our health services will enable us to increase impact and improve wellbeing across the county within existing and future resources.

Equality duty

15 The Herefordshire and Worcestershire STP is intended to provide the means by which the health and wellbeing of the people of Herefordshire can best be maintained and improved. The programme has a particular focus on supporting the best possible level of wellbeing for the county's most vulnerable residents.

Financial implications

16 There are no immediate costs associated with the submission of the STP in October. It represents an opportunity to improve future value for money from council resources and spend, and hence offer a route to securing the council's desired outcomes at a time of reducing financial resources. It is a high level planning approach, rather than a detailed service plan. However, it sets the context within which the NHS will allocate its budgets and will have a significant influence over the council's budgets, especially adults and wellbeing, but also affecting children's service. Specific spending implications and decisions will be built into the operational plans of the CCG and the council's medium term financial strategy.

Legal implications

17 The opinion of the Health and Wellbeing Board on the STP is to be sought to consider if the STP takes proper account of the health and wellbeing strategy

Risk management

18 The STP can be expected to facilitate joint working across health and social care partners, strengthening the ability of the system as a whole to identify and mitigate future risks to both the system as a whole and to individual partner organisations.

19 Should the STP not deliver the required results, it is likely that NHS England would increasingly focus its efforts at a joint Herefordshire and Worcestershire level, based on the STP footprint. This could lead to a loss of focus and resource for the specific issues facing the people of Herefordshire and the loss of opportunities for closer partnership working across the wider public sector at a Herefordshire level.

Consultees

20 Effective stakeholder engagement is a key component to the development of the STP. As part of the planning process, arrangements have been made to ensure that VCS representatives can support development of the plan. Healthwatch and VCS representatives from both counties are represented on the STP programme board. They also sit on the Herefordshire Health and Wellbeing Board, giving them a further route for engagement and involvement.

21 In addition to this, over the past few months, the engagement process has been extended to include VCS representatives on all the clinical theme groups. In most of these groups there are multiple attendees and more than 20 VCS representatives in total are involved in the themed groups across the STP development process.

22 As the budget prioritisation process is taken to the next level, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken to inform the changes that will be required to ensure that the local system lives within budget. The engagement process will build on this work and as our plans develop further we will engage with VCS and Healthwatch colleagues to explore the best ways to ensure our final plans are co-produced with local communities.

23 It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary.

Appendices

None

Background papers

- None identified.