

**Minutes of the meeting of Health and wellbeing board held in
Committee Room 1, The Shire Hall, St. Peter's Square, Hereford,
HR1 2HX on Tuesday 13 February 2018 at 2.00 pm**

Present: JG Lester (Chairman)
D Horne (Vice-Chairman)

C Baird, Director for Children's Wellbeing
S Hairsnape, NHS Herefordshire Clinical Commissioning Group
D Jones MBE, NHS Herefordshire Clinical Commissioning Group
P Rone, Cabinet Member Health and Wellbeing
M Samuels, Director for Adults and Wellbeing
I Stead, Healthwatch Herefordshire

In attendance: I Barker, 2gether NHS Foundation Trust
C Hargraves, Wye Valley NHS Trust
I Tait, NHS Herefordshire Clinical Commissioning Group

Officers: J Ives, Wye Valley NHS Foundation Trust
A Lee, 2gether NHS Foundation Trust
F Martin, 2gether NHS Foundation Trust
A Talbot-Smith, NHS Herefordshire Clinical Commissioning Group

143. APOLOGIES FOR ABSENCE

There were no apologies received.

144. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

145. DECLARATIONS OF INTEREST

There were no declarations of interest.

146. MINUTES

RESOLVED

That the minutes of the meeting held on 7 September 2017 be agreed as a correct record and signed by the chairman.

147. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

148. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

149. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2017/18

The director for adults and wellbeing presented the report. He explained that the council and the clinical commissioning group (CCG) received funding through the Better Care Fund (BCF) via NHS England, and that further funding was channelled through the improved Better Care Fund (iBCF) to the council from the Ministry of Housing Communities and Local Government. Together, both allocations were intended to support integration of health and social care provision.

There was a requirement to provide quarterly update reports to NHS England. These were expected to be signed off by the health and wellbeing board before submission. However, the submission dates tended to be released at short notice which meant they were not aligned to health and wellbeing board meetings. The update reports for quarters 2 and 3 had therefore already been submitted to NHS England through an agreement for delegated approval from the board to the director for adults and wellbeing and the CCG accountable officer.

In presenting the headlines of the submissions for quarters 2 and 3, the following points were highlighted:

- There were significant achievements in reducing the number of people going into residential care either by avoiding or postponing need
- Targets for reducing non-elective admissions and delayed transfers of care (DToC) had been largely achieved, noting that Herefordshire had been given the largest percentage reduction target for any county in the country, being expected to reduce DToC attributable to adult social care by 69% from February 2017.
- This had been achieved although it had been a challenge and presented pressures across the system, but meant that an expanded range of care and service developments were implemented based on clinical evidence that people did better at home.
- Members were reminded of recent debate around the future of the facilities provided at the Hillside Centre, and that service developments were connected to investment in community services to enable people to benefit from being at home sooner, and which was reflected in the reduction of DToC.
- There was good performance across the system and the submissions were commended to the board.

The CCG accountable officer reinforced that this performance was positive and reflected the open relationship between the CCG and partners with meaningful outcomes for people in Herefordshire.

A board member noted that there were people included in the figures who were not Herefordshire residents, and asked what progress was being made in managing discharges across borders for those people.

The CCG accountable officer explained that there had been some difficulties for Powys residents which had been escalated to regional level to address. The Welsh Assembly Government had been involved and there was now a range of measures to get people home more quickly, and some progress had been made between English and Welsh services to support this.

The chairman asked, in view of the report's recommendations, what the board sought from this update. A member suggested that it was important to ensure that work was in progress and that the overall plan remained on target.

RESOLVED

That

- a) Performance of the Better Care Fund in quarters 2 and 3 be noted; and**
- b) the submissions for quarters 2 and 3 be accepted.**

150. IMPROVING HEALTH AND WELLBEING – A SYSTEM LEADERSHIP APPROACH TO TRANSFORMATION

The One Herefordshire director of transformation presented the paper, making the following key points:

- The Herefordshire and Worcestershire sustainability and transformation partnership (STP) was part of the national NHS programme, and Herefordshire was represented on the regional board by the director for adults and wellbeing.
- The purpose was to deliver the ‘triple aim’ of improved population health and wellbeing, high quality services, and financial sustainability and efficiency.
- STPs were being encouraged to progress towards becoming integrated care systems. These were intended to be place based and to focus on providing a wellbeing service to keep people well but being available to support when unwell.
- The developments presented significant cultural changes with closer working with partners.
- One Herefordshire was the delivery mechanism for Herefordshire, and started with the health and social care elements and working closely across the public sector, initially focused on adults and looking holistically at the individual in their own surroundings.

Responding to a question from the vice-chair about the functioning of the system, it was explained that this was about the wider approach across the system where wellbeing was everyone’s business. The principle of ‘making every contact count’ was essential to the prevention agenda and to prioritising resources. An example to illustrate the approach was around smoking cessation, which should be picked up by any professional in contact with an individual, captured in public messages and extended to employers in promoting healthy workplaces. These were the areas to establish the best approach to target in a co-ordinated way.

The director for adults and wellbeing pointed out that public health grant was set to reduce to £8million over the next few years and would eventually be phased out completely, as it would be subsumed into the council’s wider revenue. It was therefore less helpful for it to be a ring fenced grant because it did not represent the reality of what was spent by the overall system on public health, so it was imperative that all expenditure made by the council, and indeed wider partners, had positive impact.

The incoming director of public health added that the public health grant was a small concern and the key message was about the whole picture and where influence was needed.

The CCG accountable officer commented that gradual reorganisation within the system was an opportunity to reconsider the relationship with neighbours, especially with Worcestershire, moving from a transactional relationship to a consensus. It was hoped that a new culture would help to bring about the changes. There were risks but also some opportunities so it was important to take the opportunity to deliver the changes that were needed. Although it was not an easy concept to explain, the key was to bring providers into the way of working to move to a partnership based approach, where all took responsibility for the system as a whole achieving the triple aim, rather than one of commissioner and provider.

The chairman noted that the key objective was how to move forward, to use resources wisely and look at the service for the individual.

The director for adults and wellbeing commented that it was a complex environment in the context of national activity and the Herefordshire and Worcestershire footprint and the recommendations were concerned with ensuring that the health and wellbeing board was the statutory forum to set the direction for the system through the joint strategic needs assessment and the health and wellbeing strategy. Herefordshire controlled its own destiny so this forum should be at the top of the arrangement. Within this, the board needed to consider its membership and, as a function governed by the council, set this formally within the council's constitution. The board's focus was the key priorities that it had identified and it should be clear that these areas have significant impact on the level of wellbeing experienced by people, but also recognise that they are the drivers for demand on health and social care services.

Getting this right would set the system on course to provide high quality care as a direct relationship.

The chair of the CCG spoke in support of this. Herefordshire was part of the wider system and these were the issues that were important and relevant here and were what the health and wellbeing board needed to focus on as they remained relevant.

In response to a question about membership of a refreshed health and wellbeing board, the director for adults and wellbeing draw attention to the minimum membership that was set out in statute. In additional, it was appropriate for membership to represent the statutory providers so it was proposed to extend the membership to the two main NHS trusts, Wye Valley NHS Trust and 2gether NHS Foundation Trust, represented by their chairs. In terms of making this a formal arrangement, the proposal would need to be put to full council as a recommendation for a change to the council's constitution.

In response to a question from the vice-chair about whether to include Taurus Healthcare in representing GP providers, it was explained that this had been considered but that it was recommended to contain membership of the health and wellbeing board to statutory organisations. Taurus continued to be represented on the One Herefordshire group which would feed into the health and wellbeing board.

A member sought assurance that the health and wellbeing being board workshops would be arranged to enable partners' contributions to feed into the decisions taken by the health and wellbeing board. It was clarified that output from workshops would be presented to formal meetings of the board in order to maintain and deliver the board's business around its priorities.

Discussion took place regarding the appointment of the vice-chair due to concern that there was potential for one organisation to be over-represented in chairmanship of the board, which could reduce the board's effectiveness. This was not considered to be desirable so the board would need to ensure this was avoided, either through mandate or co-operation. Board members were broadly supportive of a council chair and CCG vice-chair arrangement, although it was noted that the personal attributes the individual brought to the vice-chair role were just as important as the organisation they represented.

It was also noted that the membership proposals meant that the CCG board's lay member would no longer be a member of the health and wellbeing board but assurance was provided that the member would participate in the workshops and so would continue to contribute.

RESOLVED

That:

- a) **The health and wellbeing board's strategic priorities for 2018/19 be agreed as**
- **Dementia (including end of life)**
 - **Childhood obesity (including impact on dental health)**
 - **Fuel poverty**
 - **Supporting local communities to help their residents remain healthy and independent; and**
- b) **That the health and wellbeing board membership and structure proposals be approved for submission to the council's audit and governance committee for progression as a recommendation to full council to amend the council's constitution. The proposals, in summary, being**
- **to include as formal members, the chairs of the Clinical Commissioning Group, Wye Valley NHS Trust and 2gether NHS Foundation Trust**
 - **to change the number of members for Healthwatch and the Clinical Commissioning Group to one member each, represented by the chairs of those organisations**
 - **that the chair of the Clinical Commissioning Group (or their substitute) be appointed vice-chair of the Health and Wellbeing Board**
 - **to provide a governance structure that will provide the system leadership to deliver the transformation programme.**

The meeting ended at 3.00 pm

Chairman