

Minutes of the meeting of Health and wellbeing board held at Committee Room 1, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 14 October 2019 at 2.30 pm

Members	Councillor Pauline Crockett (Chairperson)	Cabinet member - Health and Adult Wellbeing	Herefordshire Council
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Councillor Felicity Norman	Cabinet Member - Children and Families and Deputy Leader	Herefordshire Council
	Ian Stead	Chair and Director	Healthwatch Herefordshire
	Duncan Sutherland	Non-Executive Director	Gloucestershire Health and Care NHS Foundation Trust
	Dr Ian Tait (Vice-chairperson)	Chair and Clinical Lead	NHS Herefordshire Clinical Commissioning Group
	Karen Wright	Director of public health	Herefordshire Council

In attendance	Ben Baugh	Democratic services officer	Herefordshire Council
	John Coleman	Democratic services manager and statutory scrutiny manager	Herefordshire Council
	Dr Mike Hearne	Managing Director	Taurus Healthcare Ltd
	Jane Ives	Managing Director	Wye Valley NHS Trust
	Jacinta Meighan-Davies	Clinical Programme Manager	NHS Herefordshire Clinical Commissioning Group
	Colin Merker	Deputy Chief Executive and Managing Director for Herefordshire	Gloucestershire Health and Care NHS Foundation Trust
	Alistair Neill	Chief executive	Herefordshire Council
	Amy Pitt	Head of partnerships and integration	Herefordshire Council
	Paul Smith	Assistant director all ages commissioning	Adults and Communities
	Dr Alison Talbot-Smith	Director of strategy and transformation	NHS Herefordshire Clinical Commissioning Group

10. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Chris Baird and Stephen Vickers (Herefordshire Council), Ingrid Barker (Gloucestershire Health and Care NHS Foundation Trust), Jo Melling (NHS England and NHS Improvement), Russell Hardy (Wye Valley NHS Trust) and Simon Trickett (NHS Herefordshire Clinical Commissioning Group).

11. NAMED SUBSTITUTES

Duncan Sutherland was present as a substitute for Ingrid Barker.

12. DECLARATIONS OF INTEREST

No declarations of interest were made.

13. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 8 July 2019 be approved and be signed by the chairperson.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

15. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

[note: agenda item 9 (minute 18), Integrated Care System and One Herefordshire, was considered next, but the original agenda order is preserved here for ease of reference]

16. HEREFORDSHIRE AND WORCESTERSHIRE LIVING WELL WITH DEMENTIA STRATEGY

The assistant director all ages commissioning presented the draft strategy and explained that, following consideration of an early iteration at the 5 March 2019 meeting, a joined up approach had been taken to the further development of the strategy by NHS Herefordshire Clinical Commissioning Group and Herefordshire Council.

It was reported that this was the first sustainability and transformation partnership footprint strategy for Herefordshire and Worcestershire and one of the aims of the strategy was to improve the Herefordshire rate of dementia diagnosis (58%) to the nationally targeted rate (67%); some of the reasons why people avoided diagnosis, particularly in rural communities, were outlined.

An overview was provided of the work of Dementia Friendly Leominster, Herefordshire Dementia Action Alliance, and Talk Community. The need to deliver the strategy cohesively and proactively was emphasised, with attention drawn to the delivery plan.

It was reported that the strategy would be considered by cabinet on 28 November 2019. The individuals, groups and organisations involved in the development of the strategy were thanked.

The cabinet member - children and families commented on the establishment of Dementia Friendly Leominster and its ongoing work in the community. The assistant director all ages commissioning said that the initiative had been incredibly supportive of the dementia agenda. The chief executive commented that it was a challenge and opportunity to extend the model to Hereford and the other market towns, and noted the importance of improving awareness and understanding of dementia.

It was reported that Gloucestershire Health and Care NHS Foundation Trust was developing proposals for revising its delivery model for dementia care to improve quality of life and reduce demand on the system in terms of urgent and emergency care.

The vice-chairperson commented that the strategy had involved significant effort and drew attention to the guiding principles of 'preventing well', 'diagnosing well', 'supporting well', 'living well', and 'dying well' in the context of helping people to plan for the future and before a time of crisis.

Resolved: That the board has reviewed and supports the draft Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024.

17. HEREFORDSHIRE'S BETTER CARE FUND AND INTEGRATION PLAN 2019-20

The head of partnerships and integration reported that the Better Care Fund and integration plan 2019-20 had been submitted, as per the requirements of the national programme, with the agreement of the director for adults and communities and the Managing Director of NHS Herefordshire Clinical Commissioning Group, as delegated by the board.

It was reported that there were minimal changes from the previous plan, it reflected the local approach to integration, and the national conditions and metrics had remained the same. The board was advised that significant improvements had been made in terms of discharge and reducing delayed transfers of care. Attention was drawn to the financial summary 2019/20 (agenda page 62). It was noted that a regional assurance process was being undertaken and initial feedback suggested that the plan was likely to be approved.

The board acknowledged the work that had gone into the plan and thanked the officers involved.

Resolved: That the Herefordshire Better Care Fund and integration plan 2019-20 at be approved.

18. INTEGRATED CARE SYSTEM AND ONE HEREFORDSHIRE

The Director of Strategy and Transformation for NHS Herefordshire Clinical Commissioning Group (CCG) and One Herefordshire, and Joint Programme Director for the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) [hereafter referred to as 'director of strategy and transformation'] was invited to update the board on the Integrated Care System and One Herefordshire. In response to a question from the chairperson, the director of strategy and transformation clarified that the purpose of the item was to bring the proposals to the board for discussion and approval, rather than as a formal public consultation.

The director of strategy and transformation delivered the 'Integrated Primary and Community Services' presentation, starting with the slide 'The NHS Long Term Plan'. Questions and comments from attendees included:

1. The chairperson drew attention to paragraph 4 (agenda page 138) of the covering report, 'The plan commits funding to the networks for additional resources ...', and questioned how much funding was being committed for Herefordshire and how this compared to Worcestershire. The director of strategy and transformation said that there was a national funding formula which would support a range of activities and provision of staff in the Primary Care Networks over the next five years.

2. Referring to paragraph 9 (agenda page 139), 'As part of the development of STPs into ICSs the local 'place' will need to be developed...' the chairperson questioned the stage that the local system was at and the role of the health and wellbeing board. The director of strategy and transformation commented on the work of the One Herefordshire integration programme and considered that partnership working was relatively mature compared to some other areas, although there was more work to be done. Local 'place' was seen as being coterminous with the health and wellbeing board boundaries and there was a strong role for the board as convenor of the system, particularly given its links with prevention, wellbeing, and local accountability.
3. The director of public health commented on the need to reflect on the roles of the system partners as 'anchor' organisations, including opportunities in terms of healthy workforces and the climate change agenda. The director of strategy and transformation suggested that this could be a future topic for the board and noted that addressing inequalities and prevention were key threads in the work being undertaken.
4. The Managing Director of Taurus Healthcare commented on the distinction between Primary Care Networks and general practice, and the vision to engage with communities and the prevention agenda. The vice-chairperson noted the importance of education and addressing the broader determinants of health and wellbeing. The cabinet member - children and families added that eating healthily was also a key factor.
5. The chief executive said that, as explored at a recent meeting of NHS and local authority leads across the Midlands, there was a clear need for the NHS to work with local authorities in the co-shaping of the plan. Therefore, the starting point needed the joint development of a long term plan for Herefordshire. The council had an aim for people to live at home healthily and independently for a longer period of time, with services constructed to allow this to happen and with support from voluntary and community sectors, which would have the outcome of fewer people requiring urgent and emergency care. The Non-Executive Director of Gloucestershire Health and Care NHS Foundation Trust said that the integrated approach was key to translating national strategy into a local context.
6. The Chair of Healthwatch Herefordshire said that the Long Term Plan was supported and that the STP had committed to take the 2019 Healthwatch Engagement Report into account. The need for the local 'voice' in the detailed plans, including the development of the Primary Care Networks, was emphasised. The vice-chairperson said it was important that the public, including representation through Healthwatch and local authority councillors, should not have to react to changes in the NHS but should be driving them, with more positive ownership and partnership. The chief executive commented on: the importance of community connection and direct support to enhance capacity; the need for mental health needs to play a more central role; and the opportunity to address the big questions jointly through a local long term plan.

The director of strategy and transformation continued the presentation with slides on: 'NHS Action on Prevention'; 'Integrated Care Systems (ICSs)'; 'H&W STP Vision'; and 'The Tiers in an ICS (work in progress)'. Questions and comments from attendees included:

7. In response to a question from the Chair of Healthwatch Herefordshire, it was reported that smoking cessation services were provided to high risk groups and would be extended to inpatients in hospitals.

8. The Leader of the Council, noting reference in the STP vision to 'Put prevention, self care and personal resilience at the heart of our plans' questioned whether the population was receptive to this or if a degree of education was needed. The director of strategy and transformation, noting the value of the recent engagement work, said that the position was mixed. The Chair of Healthwatch Herefordshire commented on the challenges in some parts of the population which required further exploration.

The Leader of the Council noted that community participation was essential but it could be difficult to motivate some individuals. The director of strategy and transformation said that it was multi-faceted question, involving healthy environments and opportunities, which could be explored at a future workshop. The director of public health added that it was a complex topic, especially in view of inequalities, and reiterated the role of system partners as anchor organisations in helping their workforces to make healthy choices.

The vice-chairperson said that it should be recognised that some people's lives started in more complicated places than others and mental health issues may limit access to, or interest in, certain lifestyle choices. He added that the recent launch of the Children and Young People's Plan had been a positive event and hoped that all the organisations represented on the board were fully engaged with this work.

The chief executive emphasised the importance of getting people to change behaviours and attitudes, to take responsibility for their own health and their family's health, and do more to support others in the community. The example of Wigan Council's 'Deal for Health and Wellness' was outlined. The chief executive considered it critical to find ways for communities to take on and feel ownership of such matters.

Slides were presented on 'One Herefordshire' and 'Integrated Care in Herefordshire'.

9. In response to a question from the Leader of the Council about the statement that functional integration was 'not about Shifting Risk', the director of strategy and transformation noted that this was a high level principle which could be applied to many constructs, including finances, governance, clinical risk, and organisational risk. In terms of clinical or professional accountability, each service or intervention would need to be considered and agreed.

Slides were presented on '2019/20 Delivery and Assurance' and 'Talk Community Key Programmes'.

10. In response to a question from the Leader of the Council about motivating people to become involved, the head of partnerships and integration said that harnessing the interest in, and the experiences from, the initial Talk Community hubs would help to promote the initiative in other parts of the County. The assistant director all ages commissioning added that people were coming forward with their own ideas for their communities. The director of public health said that it was important to focus where there was energy but also to identify the more vulnerable groups within those communities and how to work with them.
11. With reference made to the way in which broad family intervention in Leeds had successfully reduced childhood obesity, the vice-chairperson questioned how a positive vision for population health and wellbeing would be picked up locally. In response, the director of public health commented on the potential for Herefordshire to become a sustainable food county.

A slide was presented on 'Integrated Care Alliance Board Work Plan'.

12. The chief executive commented that social care was on the frontline of prevention for NHS clinical needs and felt that there should be greater emphasis on prevention under the work plan. In response, the director for strategy and transformation outlined the work programmes for the identified projects and the linkages to prevention. The Managing Director of Wye Valley NHS Trust emphasised the need to address heightened emergency demand and to provide better and more efficient care for frail older people as a priority but recognised the potential of Talk Community and the prevention agenda, particularly in childhood. In response to a question from the vice-chairperson, the head of partnerships and integration said that the Home First team was primarily focused on discharge currently but there was an intention to invest further in admission avoidance and wrapping care around individuals at home. The director for public health reiterated the need to look at the broader determinants of health and wellbeing in order to have a real impact. The director for strategy and transformation acknowledged the need to articulate not only the operational specifics but also the context of the ongoing conversations about prevention.

A slide was presented on 'To Deliver the Vision of Our STP Long Term Plan Submission' and 'Delivering Our Commitment to Transform Out of Hospital Care and Fully Integrated Community Based Care, Reducing Pressure on Emergency Care'.

13. Referring to the system commitment to 'deliver digitally enabled care and self care...', the Chair of Healthwatch Herefordshire commented on the need to think differently in terms of localities that did not have access to reliable digital communications.

The director for strategy and transformation drew attention to slides showing the draft delivery plans for 'General Practice and PCN Development' and 'Integrated Primary and Community Services'. It was reiterated that addressing inequalities and prevention were key threads throughout the submission.

A slide was presented on 'The Four Strategic Priorities for Integrated Primary and Community Services'.

In conclusion, the director for strategy and transformation said that the presentation attempted to summarise a detailed piece of work to meet national policy requirements and in such a way which best meets local needs, makes health and care services more resilient and supportive, embeds prevention and reablement, and supports people in their communities.

The Chair of Healthwatch Herefordshire commented on the need for the board to ensure that all the right linkages were made.

The director for public health said that the board had a role in terms of: providing leadership and oversight; putting challenge into the system to identify where progress was not being made with this agenda and to address any associated issues; and to hold all partner organisations to account, on issues such as working with communities and changing employment practices, to achieve the objectives set out in the plan.

In response to a comment from the Leader of the Council, the head of partnerships and integration noted the need for the partner organisations to identify potential issues for inclusion in the work programme. The director for strategy and transformation said that it would be helpful if the board could identify where the system needed to focus on, including any specific matters to prioritise.

The assistant director all ages commissioning commented on the need to shift resources progressively to prevention and suggested that the board could come to a collective agreement on how it would evidence as a system this shift in resources and investment.

The chief executive commented that other initiatives would support the prevention agenda, such as extending cycle routes and installation of fitness furniture in public spaces.

The vice-chairperson proposed the following recommendation which was seconded, and supported by the board.

Resolved: That the board has an active interest in this work and recognises the need for oversight of the difference this will make to the people of Herefordshire, with a focus on prevention and on communication with, and active involvement of, our population(s).

19. DATES OF FUTURE MEETINGS

The scheduled dates for board meetings in public were noted as follows: Monday 9 December 2019, 2.30pm [note: this meeting was withdrawn subsequently]; Monday 10 February 2020, 2.30pm; and Monday 20 April 2020, 2.30pm.

The meeting ended at 4.33 pm

Chairperson