

Minutes of the meeting of Health and wellbeing board held at Council Chamber, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 10 February 2020 at 2.30 pm

Members	Hayley Allison	Senior Delivery & Improvement Lead - West Midlands	NHS England and NHS Improvement
	Jo-anne Alner	Managing director	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Director for children and families	Herefordshire Council
	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
	Stephen Vickers	Director for adults and communities	Herefordshire Council
	Karen Wright	Director of public health	Director of public health

In attendance	Councillor Jenny Bartlett	Vice-chairperson of adults and wellbeing scrutiny committee	Herefordshire Council
	Ben Baugh	Democratic services officer	Herefordshire Council
	John Coleman	Democratic services manager	Herefordshire Council
	Kate Coughtrie	Deputy solicitor to the council	Herefordshire Council
	Susan Harris	Director of strategy and business development	Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Managing Director	Taurus Healthcare Ltd
	Jane Ives	Managing Director	Wye Valley NHS Trust
	Councillor Jeremy Milln		Herefordshire Council
	Alistair Neill	Chief executive	Herefordshire Council
	Amy Pitt	Head of partnerships and integration	Herefordshire Council
	Paul Smith	Assistant director all ages commissioning	Herefordshire Council

20. APOLOGIES FOR ABSENCE

Apologies for absence had been received from board members Ingrid Barker from the Gloucestershire Health and Care NHS Foundation Trust, Russell Hardy from the Wye Valley NHS Trust, and Simon Trickett from NHS Herefordshire Clinical Commissioning Group. Apologies had also been received from Colin Merker from the Gloucestershire Health and Care NHS Foundation Trust.

The chairperson said that she would wish to see board members give this meeting appropriate priority and attend every meeting. The chairperson asked board members if they would be prepared to commit to missing no more than two meetings in public per year and attending board members indicated that this would be acceptable to them.

21. NAMED SUBSTITUTES

Duncan Sutherland was present as a substitute for Ingrid Barker, and Joanne Alner was present as a substitute for Simon Trickett.

22. DECLARATIONS OF INTEREST

Dr Tait reported that he had been selected as the chair designate for NHS Herefordshire and Worcestershire Clinical Commissioning Group.

23. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 14 October 2019 be approved and be signed by the chairperson.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

25. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

26. HEALTH AND WELLBEING BOARD REVIEW AND FUTURE WORKING

The chairperson invited the head of partnerships and integration to introduce the report, the principal points included:

1. A series of workshops had been held with board members and system representatives which had informed the review and the proposed future working arrangements.
2. Subject to approval by the board, consequential changes to the constitution would be recommended to the audit and governance committee for consideration, prior to submission to full Council.
3. The review had been undertaken in view of the recent NHS Long Term Plan and the council's emerging corporate plan – 'County Plan 2020-24'.
4. It was identified that, at a time of continuous change, the health and wellbeing board should be an anchor of place, providing leadership and stability.

5. The report proposed an updated vision for the board, 'Herefordshire residents are connected into communities to be resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure'. The vision was underpinned by five priorities, and eight cross-cutting themes. It was commented that the vision recognised the importance of working closely with communities and upstreaming prevention.
6. It was proposed that representatives of other partner organisations be added to the core membership of the board, with the intention to invite further consultative representatives to participate at certain sessions on specific areas of focus.
7. In order to build the board's future work programme, it was suggested that the council and the CCG be invited to identify areas of transformational change and key developments in their respective commissioning plans, with some suggested areas identified in paragraph 15 (integrated urgent care pathway, Primary Care Networks, stroke services, and mental health services).
8. Working groups would be established to consider certain topics and to develop delivery / action plans.

The chairperson expressed her thanks to: board members and other workshop attendees for their hard work on the review; the head of partnerships and integration for facilitating the meetings and for co-ordinating the new arrangements; and Hannah Dalton and Liam Hughes who supported the workshops on behalf of the Local Government Association.

The managing director of the CCG commented that: the workshops had been helpful; the reasons for the suggested areas identified in paragraph 15 were unclear; services for children and young people had been a key topic of discussion; and the five priorities should shape the board's work going forward. In response, the head of partnerships and integration advised that one of the roles of the board was 'Reviewing whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy' [Constitution paragraph 3.5.24 (g)], so there was a need to be cognisant of those commissioning plans, and the suggested areas involved high priority matters.

The vice-chairperson said that the suggested areas could be viewed from the perspective of children and young people, and he outlined some of the issues that could be included within scope. The cabinet member - children and families spoke in support of exploring issues for children and young people in greater depth.

The director for children and families commented on the merits of the board being apprised of work of the children and young people's partnership, the safeguarding partners' board, and the safeguarding adults' board. It was noted that duplication should be avoided and decisions should be taken at an appropriate level to deliver positive outcomes for the people of Herefordshire. It was reported that partners had held a session recently on early help for children, involving representatives from local schools, which had highlighted the importance of prevention in the context of the whole family.

The director for adults and communities considered that the council and the CCG, as the major commissioners, should present their commissioning plans. He also felt that the board should not concentrate on too many matters at once, and supported an initial focus on early help for children; he added that urgent care could be another area of focus in due course.

In response to a question, the head of partnerships and integration said that the intention was to maintain formal board meetings in public and occasional board development sessions in private, and to supplement these with workshops on areas of focus involving relevant consultative representatives from other partner organisations and community groups.

The director of public health: supported a focus on children but noted the wider context of families and communities; commented that, as well as being commissioners, the partners were employers and should consider their roles as anchor organisations; the board needed to hold the system to account in terms of tackling inequalities; and, drawing attention to the priority 'supporting our residents to eat well, drink safely and get active', reported that a paper would be presented to cabinet shortly on Herefordshire becoming a 'sustainable food county' and the board may wish to be involved in an associated summit.

The non-executive director of Gloucestershire Health and Care NHS Foundation Trust, in addition to welcoming the work undertaken to date and the focus on priority areas, suggested that the wider determinants of health and wellbeing, such as housing, should be considered.

The chair of Healthwatch Herefordshire said that it was also important for the board to look at what was happening in relation to the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP).

Other attendees commented on: other determinants of health and wellbeing, such as environment and nutrition; the need for appropriate challenge; and the benefits of a holistic approach. The director for adults and communities anticipated that the expanded board membership and refreshed working arrangements would help the whole system to come together and make a difference.

The chairperson made a number of points, including:

- i. In view of the constitutional requirement and the new vision and priorities, it was considered an appropriate point to ask the council and the CCG to bring their commissioning plans and arrangements for the next twelve to eighteen months to the next board meeting in public.
- ii. The board should not duplicate the work of other groups but there was a need for the system leaders and key stakeholders to explore challenges, identify solutions, and take action collectively.

It was agreed that the first area of focus should be on early help for children and the director for children and families would lead on the development of the workshop.

The Leader of the Council suggested that healthy weight could be a future topic.

- iii. Further to the comments made during the apologies for absence agenda item, the chairperson suggested that the attendance and substitution arrangements could be clarified in the constitution.

A board member advised that, with responsibility for the delivery of Herefordshire's mental health and learning disability services transferring from April 2020, there was a need to reallocate board membership from Gloucestershire Health and Care NHS Foundation Trust. The board was introduced to the executive director of strategy and partnerships for Worcestershire Health and Care NHS Trust (and STP communications

and engagement lead), who explained that the chief executive or the chair of the trust would welcome an invitation to the board in due course.

Resolved: That

- (a) The new vision, priorities, cross-cutting themes, and membership for the health and wellbeing board be supported;**
- (b) The proposed working arrangements be recommended to the audit and governance committee, with a view to seeking full Council approval for the new board membership;**
- (c) Herefordshire Council and the Clinical Commissioning Group be asked to bring their commissioning plans and arrangements for the NHS, public health and social care for the next twelve to eighteen months to the next board meeting in public;**
- (d) Consideration be given to the attendance and substitution arrangements for the board in the council's constitution, potentially including:**
 - (i) the expectation that board members should not normally miss more than two board meetings in public in a year;**
 - (ii) that any substitute will be a senior representative from the constituent organisation or service, with delegated authority to act on behalf of that organisation or service in relation to the activity of the board; and**
 - (iii) that the board member will notify the chairperson of the reason for absence and confirm the named substitute, ideally a week in advance of the meeting.**

27. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The chairperson asked the director of public health to present the annual report, the key points of the presentation are summarised below:

- a. The consultant in public health and the intelligence team were thanked for their support in producing the annual report.
- b. This report focussed on rural Herefordshire and the often hidden levels of ill health and inequality in rural areas.
- c. Herefordshire was one of England's most sparsely populated counties, with 42% of residents living in areas officially classified as 'rural village and dispersed' and 25% living in 'very sparse' areas.
- d. The population age distribution showed that there was a higher proportion of 45 to 79 year olds living in rural areas.
- e. The ageing population profiles in coming years would create significant demand on services, with opportunities but also challenges for people living in rural areas.
- f. It was important to reflect on the wider determinants of health and wellbeing, including housing conditions.
- g. The health and wellbeing of Herefordshire's rural population was, on average, slightly better than those living in urban areas for many indicators, with the

exception of the proportion of households in fuel poverty. However, there were significant pockets of deprivation and poor health outcomes in rural areas.

- h. A comparison with all the local authorities in England illustrated that Herefordshire was particularly deprived in relation to 'living environment' and 'barriers to housing and services'.
- i. Comparison of the types of deprivation showed that 'indoor living environment' and 'access to services' were higher in rural areas compared to urban areas of Herefordshire, and were amongst the most deprived in England.
- j. An overview was provided of the housing stock in Herefordshire, and significant challenges were noted in terms of thermal efficiency, affordability and social mobility.
- k. In view of the access times for residents to reach GP surgeries, further consideration was needed on the ways in which people would be able to access services in the future.
- l. The strengths of rural communities and the benefits of the natural environment for health and wellbeing were outlined.
- m. Road safety concerns could be a barrier to people walking and keeping active.
- n. Gypsies and Irish Travellers were represented more in rural areas than in urban areas, were more likely to experience the effects of rural inequality, and had poor outcomes in key areas such as health and education. It was anticipated that the Talk Community programme would help to reach people more at risk of inequality.
- o. It was emphasised that the report did not capture everything that was happening to support the health and wellbeing of people living in rural areas but an overview was provided of some examples, including Herefordshire Council's new County Plan, the Children and Young People's Partnership Plan, Talk Community, the NHS Long Term Plan and Primary Care Networks, the Keep Herefordshire Warm scheme, the Fastershire Broadband Project, and the review of the Housing Strategy.

The chairperson welcomed the annual report. As a general point to report authors, it was suggested that charts should include not just percentages but also absolute numbers where appropriate. Questions and comments were invited from board members, the principal points included:

- 1. The chair of Healthwatch Herefordshire commented on the value of the report and advised that Healthwatch Herefordshire was considering potential projects for the year, including health and wellbeing issues for the farming community.
- 2. The cabinet member – children and families considered the report to be informative and, in particular, expressed concern about the disadvantages for Gypsies, Travellers and Roma, and about dependency on the large number of people providing unpaid care for family members or friends.

The director for public health commented on the potential for Talk Community to engage with diverse communities. The assistant director all ages commissioning made a number of points, including: the request to bring commissioning plans to the board was welcomed in the interests of transparency; the annual report would be used to inform a thematic approach to commissioning, working jointly with system partners, to ensure that decisions did not have unintended consequences

for other groups of people; the council was in the top quartile in terms of payments to care providers; there was the potential for employers to be carer friendly employers; and the system would be difficult to sustain without unpaid carers and this would be taken into account as part of the commissioning agenda.

3. The vice-chairperson also welcomed the annual report and made a number of observations, including: reflecting the potential focus on early help for children, it was suggested that consideration be given to communities of disadvantage; the needs of Gypsies, Travellers and Roma were significant, in terms of both health and wellbeing; and there was a need for close working with these communities and their representatives to understand and address the issues collectively.
4. The non-executive director of Gloucestershire Health and Care NHS Foundation Trust said that the annual report had brought together many causes of deprivation in the county but noted that it raised more questions. He suggested that there was a need to consider how to cut across silos of government in a coordinated way to tackle issues such as housing affordability and transport.

The director for public health said that Herefordshire was the worst area in the West Midlands for housing affordability and, in bringing the intelligence together in the annual report, the system was in a better place to lobby nationally to highlight the costs and challenges of providing services in rural areas.

5. The managing director of NHS Herefordshire Clinical Commissioning Group considered the report fascinating and, drawing attention to the rural – urban based inequalities, noted the protective factors associated with living in rural localities. In terms of access to healthcare, reference was made to the investment in Primary Care Networks and the potential of digital solutions to reduce the number of face-to-face appointments.
6. The cabinet member - children and families, noting the issues with the existing housing stock, considered that sub-standard housing was still being built. It was emphasised that better quality housing would be beneficial to health and to long term affordability.

The chairperson noted that the new County Plan recognised the need to improve the energy efficiency and build standards for new housing.

7. The director for adults and communities said that the board should be able to hold to account the system and responsible bodies. He added that there was a need to be mindful of not pricing people on low incomes out of the housing market.
8. The managing director of Wye Valley NHS Trust commented that a challenging aspect of the annual report was that people were healthier in rural areas than in urban areas, and questioned whether the focus should be on those people who had significantly worse outcomes. The importance of 'healthy' life expectancy was emphasised. Reflecting the strapline of the new board priorities of 'helping you to help yourself', it was suggested that there was a need to consider how to build upon existing social and community connections, and to share learning with other communities.

The director of public health acknowledged that living in rural areas could be good for health and wellbeing but, with pockets of deprivation and an ageing population, there were also added challenges. The potential of the Talk Community approach to connect communities and share good practice was outlined.

The vice-chairperson commented that, due to the level of scale, to be from a disadvantaged community in Herefordshire could be more difficult than in other settings. The director of public health referred to access to transport to attend an interview as an example of hidden inequality for people in rural areas.

9. The Leader of the Council drew attention to the overview of housing stock and the high proportion of larger, older detached houses and questioned what could be done to improve living environments.

The director of public health noted that some people were capital rich but revenue poor, and suggested that further understanding was perhaps needed on the barriers to improving homes and the role of planning approaches in this regard.

The chairperson invited the board to consider the recommendations, further observations of board members included:

- i. The managing director of Wye Valley NHS Trust reiterated that the annual report demonstrated that the bigger inequalities were in the urban communities. The director of public health stressed that there were significant and often hidden inequalities in rural areas, especially in terms of housing and access to services. She added that the system partners, especially as anchor organisations, needed to organise services which were accessible to rural communities.
- ii. The vice-chairperson said that digital strategies could help to make services both more accessible and resource efficient, and inequalities and poor outcomes for some of the ethnic minorities in the county needed further exploration.
- iii. In response to a comment by the non-executive director of Gloucestershire Health and Care NHS Foundation Trust, the director of public health confirmed that the annual report was not intended to be all encompassing but sought to improve understanding of the impact of living in rural areas on the health and wellbeing of communities and the challenges being faced.

In view of these further observations, the chairperson proposed an amendment to recommendation (b) to reflect the need to address inequalities faced by rural communities and the most deprived communities.

Resolved: That the health and wellbeing board:

- (a) notes the findings of the annual report, and supports the identified strategies and actions to address the challenges of life in rural Herefordshire; and**
- (b) will provide leadership in addressing inequalities faced by rural communities and the most deprived communities through recognition of the challenges, communicating the key messages of the report to constituent members, and identifying further actions that can be taken by constituent organisations and across the system.**

28. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2019/20

The chairperson invited the head of partnerships and integration to introduce the report, the principal points included:

- a. It was a statutory function to review the better care fund (BCF) performance reports.

- b. To meet the national submission deadlines, the contents of the quarter 2 and quarter 3 performance reports had been approved under delegated authority by the director for adults and communities in consultation with the accountable officer of NHS Herefordshire Clinical Commissioning Group, and had been submitted to NHS England. The board was invited to review the completed data.
- c. Attention was drawn to the following sections of the quarter three report:
- The metrics position: non-elective admissions was not on track to meet target, residential admissions was on track to meet target, reablement was not on track to meet target but there had been improvements, and delayed transfers of care was on track to meet target and significant improvements had been made;
 - The high impact change model and the updates provided on the eight key areas; and
 - The integration highlight which outlined the integrated model of care for adults requiring palliative and end of life care.
- d. It was reported that the Herefordshire BCF and integration plan 2019/20 had received approval and guidance was awaited for 2020/21.

The managing director of Wye Valley NHS Trust said that the board should not be unduly concerned about metric on reablement, being the 'proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services', as trying to meet that target in a selective way could be detrimental to the system flow. The head of partnerships and integration commented on the significant investment in this area and the improvements being seen; it was predicted that this metric would be met by the end of the year.

In response to questions from the Leader of the Council on the schemes that comprise the section 75 agreement and the net forecast overspend of £1.939m, principally due to overspends in pool two (£0.669m) and pool five (£1.728m):

- The head of partnerships and integration advised that overspend in pool two (additional voluntary contributions to BCF) related to residential and nursing care spend.
- The director for children and families advised that overspend in pool five (children's services) related to complex needs placements. It was reported that there was an agreement in place which allocated underspend or overspend between the CCG (1/7th), Herefordshire schools' forum dedicated schools' grant (3/7^{ths}), and the council (3/7^{ths}); it was noted that the partners had been notified. He added that there had been underspend in previous years and work was being undertaken to look at the patterns of placements which were few in number but high in cost.
- The managing director of the CCG confirmed that overspend would need to be managed within existing resources.

The chairperson requested that a breakdown of the schemes that comprise the section 75 agreement be circulated to board members; attached as appendix 1 to these minutes.

Resolved: That

- (a) the better care fund quarter two and quarter three performance reports for 2019/20, as submitted to NHS England, be noted; and**

(b) there were no further actions that the board wished to recommend to secure improvement in efficiency or performance at this time.

29. DATES OF FUTURE MEETINGS

It was noted that the next scheduled board meeting in public was Monday 20 April 2020.

Provisional meeting dates for 2020/21 were also noted.

The meeting ended at 4.10 pm

Chairperson