

**MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 28 January 2014 at 2.00 pm**

**Present:** Councillor GJ Powell (Chairman)  
Councillor (Vice Chairman)

Councillor CNH Attwood, Ms J Bremner, Coombes, Mrs J Davidson, Paul Deneen, Mr R Garnett, Brian Hanford, Mrs C Keetch, Mr A Neill, Supt Ivan Powell, Ms E Shassere and Dr A Watts

**In attendance:** Councillor ACR Chappell, Dr N Fraser and Ms J Wheeler

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Mr D Smith and Mr S Clee.

**2. NAMED SUBSTITUTES (IF ANY)**

Ms Trish Jay substituted for Mr S Clee, and Mr A Dawson for Mr D Smith.

**3. DECLARATIONS OF INTEREST**

Ms T Jay and Dr A Watts declared disclosable pecuniary interests in Item 6, the Primary Care Challenge Fund Submission. Ms Jay declared a non-pecuniary interest in Item 10, the Autism Strategy 2014-17.

**4. MINUTES**

The Minutes of the Meeting held on the 22 October 2013 were approved and signed as a correct record.

**5. QUESTIONS FROM MEMBERS OF THE PUBLIC**

None.

**6. PRIMARY CARE CHALLENGE FUND SUBMISSION**

The Board received a presentation from Taurus Healthcare who, as a consortium, would be providing access to primary care across the County. GP practices had been invited to submit 'expressions of interest' (EOI) to test new ways of improving access to general practice and innovative approaches to providing primary care services. Backed by the £50 million Challenge Fund, the initiative will support at least nine pilots covering at least half a million patients. The deadline for practices to submit EOIs was 5pm on 14 February. The pilots would test a range of options for improving access such as extended hours, weekend opening and better use of technology.

During the presentation, the following points were raised:

- That there was a great deal of interest from GP practices and groups of practices across the County and the Local Area Team would support the proposal that was being put forward by Taurus.

- It was intended that a seven day service would be provided, from 8am to 8pm, and that GP data would be shared across practices.
- That delivery of the scheme would only partially address access issues, and discussions were in hand with the Herefordshire Clinical Commissioning Group (HCCG) and the Wye Valley NHS Trust as to where primary care access was proving to be of concern.

In reply to a question from the Chairman as to how the programme would be supported and sustainable as funding was non-recurrent, Dr N Fraser, Chairman of Taurus, said that the core offering for the bid was the 7 day opening. All other aspects were pilots that would report within the year and provide commissioners with the opportunity to recommission. There was an opportunity for the County as the contracts for the Herefordshire GP Access Centre and the Out of Hours contracts were coming up for renewal. Integrated GP services could be put in place instead, and some of the services currently offered would no longer be needed and funding could be released.

The Chairman of Healthwatch said that the creation of a holistic, joined up approach to primary care, with seven day openings of surgeries would make a significant difference to the people of Herefordshire and agreed that the sharing of data between practices was as a very important aspect of this process.

**RESOLVED: That the Board offered its full support to the Primary Care Challenge Fund Submission by Taurus Healthcare.**

## 7. BETTER CARE FUND SUBMISSION

The Board received a presentation on the Better Care Fund submission. During the presentation, the following issues were highlighted:

- That the Board had agreed a set of principles that translated into four key themes.
  - Quality, safety and sustainability
  - Accessing information/sharing data
  - Health and Social Care co-ordination
  - Care and support at home
  - Emergency care and the acute response
- That a joint commissioning and planning workshop for the submission had been held on the 15 January, facilitated by NHS England, at which providers had been an integral part.
- One of the outputs of the workshop was a 'long list' of proposed schemes and Herefordshire Clinical Commissioning Group (HCCG) and the Local Authority were currently prioritising the list in readiness for its submission on 14<sup>th</sup> Feb 2014. The schemes would be prioritised against the key metrics defined for the Better Care Fund prior to submission. NHS England would test the submission against the Better Care Fund objectives and metrics as well as the robustness of the underpinning evidence and plans.

During the ensuing discussion, the following points were made:

- That it would be critical to engage providers over the next stage of the process. The HCCG would have to redeploy services, so its engagement was important.
- That clarity was needed to take forward the projects to implementation.

The Chairman suggested that the themes for 2014/15 for the Board should be more widely promulgated in order to make it clear to the residents of the County what the Board was doing, and how it was achieving its goals.

**RESOLVED: That the presentation be noted.**

**8. PROPOSALS FOR A REFRESHED GOVERNANCE STRUCTURE FOR THE COMMUNITY SAFETY PARTNERSHIP**

The Board received a report on proposals for a refreshed governance structure for the Community Safety Partnership.

The Head of Community and Customer Services reported that the next three year Partnership strategy would cover April 2014 – March 2017 and work on the current strategic assessment had identified a number of key community safety issues.

In order to resolve governance issues, a workshop, chaired by the Cabinet Member (Corporate Services) would be held in mid-February to which representatives of all the responsible authorities together with the chairs of the Health and Wellbeing, Safeguarding Adults and Safeguarding Children's Boards would be invited.

**RESOLVED: That the report be noted.**

**9. HEREFORDSHIRE HEALTHY COMMUNITIES EVENT**

The Board received a report on the Herefordshire Healthy Communities event held on the 20 November 2013.

During the discussion, the following points were made:

- That the report set out the key lessons for going forward, and that there would be a further event on the 24<sup>th</sup> February to which all Board members were encouraged to attend.
- That a key to the process was the joining of formal services to community resources and the Community and Voluntary sectors were talking about being part of the preventative agenda. There were joined up conversations taking place and it was now a question of how this was going to be undertaken.
- That it was complex task within the Third Sector to identify what community resources existed within the County.

**RESOLVED: That the report be noted and that Board Members be actively engaged in future events.**

**10. AUTISM STRATEGY 2014-2017**

The Board noted the Autism Strategy 2014-2017. The Director of Adults Wellbeing reported that the Department of Health would be visiting Herefordshire on the back of the Winterbourne View Review, to look at how the Autism Strategy was progressing in the County. Whilst it had been seen by Cabinet and the Herefordshire Clinical Commission Group Board, it was still in a draft form. It would also be put before the Provider Board.

Director of Quality and Performance, 2gether NHS Foundation Trust said that she supported the strategic intent behind the paper, but that there was still a significant amount to be done in this area, especially in the provision of services to adults.

**RESOLVED: That the Board note and approve the Autism Strategy 2015-2017.**

## 11. **HEREFORDSHIRE CLINICAL COMMISSIONING GROUP CLINICAL STRATEGY AND NHS PLANNING**

The Board received a presentation on the Herefordshire Clinical Commissioning Group (HCCG) Clinical Strategy and NHS Planning.

The Clinical Lead of the HCCG highlighted the following issues in his presentation:

- That some aspects of NHS services in Herefordshire were not currently delivered in a financially or clinically sustainable way, and that, in particular, the Wye Valley NHS Trust (WVT NHST) operated with a significant recurrent financial deficit. No alternative organisational models had yet been identified for WVT NHST which would meet national quality and safety standards within the available financial resources.
- That as part of the HCCG clinical leadership the phase one objectives were to identify the clinical services essential for delivery within the borders of Herefordshire, those which were essential for service users but which could be delivered outside the County and services that are not currently clinically and / or financially sustainable.
- That thirty nine service workbooks had been sent out with forty pages of questions and data to local Primary and Secondary Care clinicians, and clinical surgeries had been held as a result of the information received. Thirty one designated services, defined as services that must be delivered in part, or whole, within the boundaries of Herefordshire in order to prevent any degradation to the quality of service provided, had been identified as a result.
- Non designated services were not open to decommissioning, but would need to be considered as being more effectively delivered outside the County. Examples included vascular surgery, which were technical and difficult operations and could be delivered in Worcestershire. Whilst bladder cancer treatment was best delivered elsewhere, a case could be made for the treatment of breast cancer within the County. The conclusion had been that there was little scope for moving most services.
- Phase two of this process involved wider engagement with partners and looking for efficiencies within the system such as the utilisation of staff with other providers, telehealth options and the removal of waste within the system. This would be undertaken in parallel with the Wye Valley NHS Trust efficiencies.

In the ensuing debate, the following points were made:

- that this review assumed no change to the present funding model.
- that it would be important in the future to show that all alternative options had been exhausted. It would then be possible to have a debate over funding formulas.
- That there were services that the Wye Valley Trust was delivering at a loss and that consideration should be given as to whether it was the best provider for these services.
- That a thorough process had been undertaken, and whilst there would be difficult decisions to be made, it was clear that all options had been considered.

The Chairman said that it was important that the Health Overview and Scrutiny Committee were given the opportunity to be involved in the process.

**RESOLVED: That the report be noted.**

## 12. WYE VALLEY NHS TRUST FUTURES PROJECT

The Board received a report on the Wye Valley NHS Trust Futures Project. The Head of Programme Management at the Trust highlighted the following areas:

- That the Outline Business Case for the Trust had three options:
  - National policy, which was the acquisition by a Foundation Trust
  - Operating franchise with the private sector, so that the management of the Trust would be led by the private sector
  - The NHS Trust Development Authority had requested that a third option be considered, that of the reconfiguration of services that would allow the Trust to operate as a standalone organisation.
- Detailed long term financial modelling had been undertaken on all options, as well as at the same time seeking legal opinion. Public engagement had also been sought around all the options. None of them met the criteria to progress the business case.
- In the light of the HCCG's clinical strategy, the Trust was looking to review the services it provided and was continuing to work with NHS England to look at alternative options. The service reconfiguration would focus the Trust's strategy over the next two years. It was important that the organisation should continue to be run with patients at the centre of the operation.
- That the NHS Trust Development Authority had asked the Trust to provide additional options, and considerations was being given to this.

The Chairman of Healthwatch said that there were issues regarding the inconsistency of approach from the NHS Trust Development Authority, as this did not help the stability of the Wye Valley Trust as an organisation and had implications for health and social care in the County. A holistic conversation was needed with all stakeholders.

In reply to a question, the Head of Programme Management said that it was difficult to assess how the PFI charges were structure, but within the financial model it represented a fraction of the gap that the Trust was required to fill and wouldn't solve the problems by itself. It was necessary to deal with the Trust's estate as a whole.

The Chief Executive of Herefordshire Council added that he recognised the intractable nature of the issue before the Trust, and suggested that there should be weekly meetings with the Council and the HCCG to look at whole system services to help find solutions which were hard too hard to see from within the organisation.

**RESOLVED: That the report be noted**

The meeting ended at 16:05

**CHAIRMAN**