

**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 15 September 2015 at 2.00 pm**

**Present:** Councillor PM Morgan (Chairman)  
Councillor Mrs D Jones MBE (Vice Chairman)

Mrs J Alner, Ms J Bremner, Mrs J Davidson, Mr M Emery, Mr P Deneen, Dr M Mahmood, Mr M Samuels and Dr A Watts

**In attendance:** Councillor PA Andrews

**24. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr JG Lester, Prof R Thomson and Mrs J Whitehead.

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

None.

**26. DECLARATIONS OF INTEREST**

None.

**27. MINUTES**

The Minutes of the Meeting held on the 21 July 2015 were approved and signed as a correct record.

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

None.

**29. SAFEGUARDING ADULTS - PROGRESS REPORT**

The Board received a report for information on the progress of Making Safeguarding Personal implementation was noted. Initial findings from the second Peer Challenge that the council had been involved in this year had been received; there had been a focus on safeguarding. Whilst significant improvements had been achieved, areas for further work had also been highlighted

In the ensuing discussion, the following points were made:

- That the direction of travel was positive, but focus was required on areas such as agency staff straining
- That a single safeguarding board had been considered, but that this had proved to be challenging for both the Chairman and the Board Members as there were very different legislative basis for safeguarding for children and adults. The unique focus of each Board was an important aspect of their function.
- As all the safeguarding boards were dealing with similar thematic issues, it would be appropriate for them to provide reports to the Health and Wellbeing Board.

**Resolved:**

**That:**

- (a) progress against the ongoing safeguarding implementation programme be noted;**
- (b) the Safeguarding Improvement Group had been disbanded and reporting on safeguarding adults would be incorporated into performance reporting; and;**
- (c) future briefings to the Board would focus on Adult Safeguarding performance, Training and the Business Unit**

### **30. SYSTEM WIDE TRANSFORMATION**

The Board received a report on the work of the Transformation Board from the Independent Chair, Transformation Programme Board. During his presentation, the following points were made:

- That when he had taken up the Chair of the Board, the transformation process had become rigid, and the intention was to set up a series of parallel processes to provide tangible changes as quickly as possible
- That there were four concurrent Workstreams that were being undertaken by the Board as part of the first phase of the redesign. These were on Supportive Communities, Community Collaborative, and reviews of both Urgent and Acute Care. Phase 2 would look at ways of bringing these workstreams together.
- That there was a challenge to deliver the outcomes to the different timescales required by the different organisations working within the County. There was a need to change the culture of leadership within these organisations to one of a greater level of mutual trust. The focus was not on structural but on functional change.
- That one of the key issues that would need to be addressed was that of governance and accountability. There was a group of all CEO's of public organisations within the County to which reports would be provided. In order to ensure public accountability, reports would be provided to the Health and Wellbeing Board on a regular basis.

In the ensuing discussion, the following points were made:

- The Chairman of Healthwatch said that the report was encouraging and suggested that Healthwatch be included in order to help facilitate the process.
- That there were opportunities that were not being exploited and a more effective approach to ICT and other areas was required.
- That as a sign of the financial challenges, there was little to indicate the benefits that were being realised. This concern would be addressed.
- It was noted that NHS England would not expect the project to be finalised by the end of March, but would expect to have received the results from phase 1, and a clear robust road map of phase 2.

**Resolved:**

**That**

- a) the Transformation Board and the delivery programme report to the Health and Wellbeing Board on a six monthly basis;
- b) the approach undertaken for phase 2 of the Transformation be endorsed;
- c) Healthwatch be invited to be operationally involved in the work of the Board; and;
- d) a clear outline of project milestones be provided to the Board for the next meeting.

**31. NHS HEREFORDSHIRE HEREFORD CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS 2016/17**

The Board received a report on the context and constraints that were impacting on the development of NHS Herefordshire Clinical Commissioning Group's Commissioning Intentions and this included an outline of the delivery against the previous years stated intentions; the process being undertaken in the development of the current year's intentions and plans and the key priorities and intentions for 2016/17.

In the ensuing discussion, the following points were made:

- That it was important that the Board and the HCCG should work together in order to give consideration to services throughout the County
- That the children's services aspects of the document should give greater focus to early help and troubled families, both areas that fell within safeguarding concerns. An example of this was that maternity services should reference the early years provision.
- That it was important that, as a number of major contracts were coming up for renewal, the services that were commissioned should be fit for purpose in ten years' time.
- That work would need to be undertaken in order to reduce the number of placements under the 'Transforming Care Placements' initiative.

**Resolved**

**That**

- a) The Board recognise the quality and financial challenges facing Herefordshire's health and social care system and the process being followed to ensure the CCGs Commissioning Intentions take account of these;
- b) recognise the alignment of the CCGs Commissioning intentions with Herefordshire's Joint Health and Wellbeing Strategy;
- c) additional funding be sought to reduce the number of placements under the 'Transforming Care Placements' initiative, and that this be undertaken under the officer scheme of delegation and;
- d) a summary report on the preventative agenda be submitted to a future meeting of the Board.

### **32. CARE ACT IMPLEMENTATION**

The Committee received a report on progress on the implementation of the Care Act. The Director of Adults & Wellbeing highlighted the following areas:

- That Phase 1 of the Act had come into force in April of this year, represented a complete turnaround in the way that social care operated, with a focus on ensuring the care market was working well with the council.
- The Act included an annual right of review of an individual's assessment, and the implementation of this was still some way off, though the intention was that this would be achieved by the end of the current financial year.
- The changes that had been implemented meant that the Council's operations were within the letter of the law, and further work would need to be undertaken in order to help service users secure the benefits within the spirit of the law.
- That Phase 2 of the Act, to have been implemented in April 2016, had been postponed to 2020 by central Government. This was a significant relief from an operational point of view, as the changes would have involved significant further process redesign and would have resulted in considerable additional cost to the Council.

In reply to a question regarding concerns that there would be a two tier system, he said that there was a requirement that the Local Authority should meet the full market costs of services. The national policy view was that if the Care Act was to be effective, then local fee rates would have to be set at a level sufficient to meet actual local costs. The collective purchasing power of a local authority should be used in order to secure the best price for public funding.

That whilst Herefordshire had successfully supported residents to access the Independent Living Fund Scheme, now that this had been closed as of 30 June, funding had been received to carry services through to 31 March with a 5% reduction. There should be no cost pressure on services as a result, as it was anticipated that any additional costs would be reflected in the Comprehensive Spending Review Settlement.

**Resolved: That the report be noted**

### **33. BETTER CARE FUND (BCF) SUBMISSION UPDATE**

The Board received a report to retrospectively approve the submission of Herefordshire's Q1 report to NHS England which detailed the current financial and operational performance against the Better Care plan.

**Resolved: the Submission was approved.**

### **34. HEALTH & WELLBEING BOARD DEVELOPMENT DAY - UPDATE**

The Board received a report on the Board Development day.

**Resolved:**

**That:**

- a) **Comments on the report be provided to the Director of Children's Wellbeing;**

**b) A further session be arranged, to include members of the Joint Commissioning Board and the Transformation Board**

**35. ITEM FOR INFORMATION**

The Board noted a report for information on the Council's formal response to the consultation on Local Authorities Public Health Allocation 2015-16 in-year savings.

**Resolved: That the report be noted**

**36. WORK PROGRAMME**

The Committee noted its Work Programme.

**Resolved: That the Work Programme be noted**

The meeting ended at 4.10 pm

**CHAIRMAN**