

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 Wednesday 23 March 2016 at 3.00 pm

Present: PM Morgan (Herefordshire Council) (Chairman)
Mrs D Jones MBE (Herefordshire Clinical Commissioning Group) (Vice Chairman)

Prof Rod Thomson	Director of Public Health
Mrs J Davidson	Director for Children's Wellbeing
Mr P Deneen	Healthwatch Herefordshire
Ms J Bremner	Healthwatch Herefordshire
Samuels	Director for Adults and Wellbeing

In attendance: Councillor J Stone, vice-chairman, health and social care overview and scrutiny committee

Officers: Hazel Braund (NHS Herefordshire CCG), Jo Melling (NHS England)

58. APOLOGIES FOR ABSENCE

Apologies were received from Simon Hairsnape (NHS Herefordshire CCG), Dr Andy Watts (NHS Herefordshire CCG), Jo-Anne Alner (NHS England) and Councillor JG Lester.

59. NAMED SUBSTITUTES (IF ANY)

Hazel Braund attended on behalf of Simon Hairsnape (NHS Herefordshire CCG) and Jo Melling attended on behalf of Jo-Anne Alner (NHS England).

60. DECLARATIONS OF INTEREST

None.

61. MINUTES**RESOLVED**

That the minutes of the meeting held on 23 February 2016 be approved as a correct record of the meeting.

62. QUESTIONS FROM MEMBERS OF THE PUBLIC

None received.

63. CORPORATE DELIVERY PLAN 2016/17

The corporate delivery plan was presented by the directorate services team leader, economy, communities and corporate (ECC).

The health and wellbeing strategy priorities aligned broadly with the priorities and objectives set out in the corporate plan. Whilst the plan was not laid out by directorate, the main linkages lay within the vulnerable adults, children and young people and some

of the economic objectives. Underlying data allowed for performance to be measured and comparisons to be made with other authorities. The expectation was that there would be clear change in relation to the national outcomes frameworks.

With reference to children and young people, it was confirmed that plans were in line with the health and wellbeing strategy and the expectation was that health and education outcomes in Herefordshire would aim to be in the top quartile nationally.

The following comments were made in response to the content of the plan:

- In terms of showing achievements, it was important to include reference to overall expectations and aspiration, for example, to achieve increases to low wage levels.
- The plan was cross-cutting, with areas such as the prevention agenda being covered in a number of objectives and a key point would be to identify how other organisations were turning the health and wellbeing strategy into reality.
- Making the link to NHS planning, whilst a lot of detail supported the planning, it was important to retain simplicity in the plan to ensure it was accessible, and show links to key performance indicators.
- It was important to ensure that joint responsibility for strategies was maintained in order for services to work together and to gain the benefits.
- The health and wellbeing strategy was strong on integration and resilient communities, for example, in the attainment gap for young carers.
- The key objective of achieving value for money was acknowledged.
- It was felt that outcome-based commissioning needed to be referenced.
- It was important to highlight integration as a key factor in the success of the plan.

It was clarified that this initial draft plan would be presented to Cabinet and that the end of year performance report would become available during May. Links to the finalised delivery plan and performance reports would be shared with the board.

RESOLVED

That it be confirmed to cabinet that the corporate delivery plan is broadly aligned with the health and wellbeing strategy.

64. NHS PLANNING UPDATE

An update was presented by the director of operations, NHS Herefordshire CCG. This was developed jointly with the director for adults and wellbeing and included information on the sustainability and transformation plan (STP) and the CCG operational plan with links to drivers such as the Better Care Fund (BCF). The CCG was required to submit a revised operational plan each year, to which the STP requirements were added in December 2015.

Appendix 1 showed the current position on governance arrangements moving forward to the STP. The next stage was to make a formal submission by Easter on priorities for closing the triple aim gaps, although it was not expected that a detailed picture would be available at that stage. Work on progressing One Herefordshire had been shared with Worcestershire who were replicating many aspects of the methodology.

A strategic lead for this work had been agreed as Sarah Dugan (chief executive, Worcestershire Health and Care NHS Trust). It was intended to appoint an independent chair, noting that this needed to have a clear role and a transparent appointment process in the longer term. There would also need to be a process to appoint a programme director to oversee the implementation programme as a priority.

The plan needed the collective support of all partners and was to be submitted by the end of June 2016, identifying the opportunities for the triple aims. It was noted that there

were opportunities for partners to engage; there was already input from adult social care, and recognition and encouragement for young people and children's wellbeing to be involved.

It was acknowledged that it would be a challenge to make the savings required, although it was noted that there was no expectation that there would be resolution in the next year as this would not be realistic or safe. However, there was a need to consider realistic and sustainable ways of providing services within available resources, including consideration of regionalised services for specialist care. The local context also needed to be considered in terms of population distribution and transportation, workforce distribution and recognition of cross-border access to services.

Discussion took place around comparisons with devolution and the benefits and drawbacks of different models for grouping geographical areas. It was recognised that the STP determined the core planning structure and would continue to work with other counties and also with Welsh health boards due to the numbers of patients using services in Herefordshire, and this was important for leadership to recognise.

Whilst it was a requirement to submit the STP in June, it could be flexible and used as an opportunity to formalise and improve upon service provision, some of which was already in practice. It would move services away from a simple market contract model to one of organisations working together to provide services in a more sustainable and collective way, and recognising the remit of local government to promote the health and wellbeing of the population.

It was important for the public to understand the outputs of the plan and for all to share responsibility for its delivery. A key point was to consider where differences can be made in ways that make sense to the public and promote their understanding of why services were provided in a certain way.

Discussion took place regarding format and content for a health and wellbeing board workshop which was agreed for 21 April 2016 and would include commissioning board and clinical input. It was considered that a follow-up workshop should be arranged that would include input from providers and to update on work streams.

A reiteration of the CCG operational draft plan summary was also presented. It was intended for this new format to be used to communicate the plan more widely and would be made available for sharing. The summary showed linkages into the health and wellbeing priorities and programme of work. There was a high level of detail in the plan and the key performance indicators and these would be used to develop a forward trajectory to inform the system resilience group (SRG). It was noted as positive that the summary showed developing synergies across organisations.

It was further noted that in terms of clinical work streams, work around children's disability and integrated pathways should be included in order to be in line with the health and wellbeing strategy and this would be checked out for clarity in the document.

The operational plan had evolved to be explicit and reflect greater clarity on service delivery and the priorities for managing a demanding work programme. The benefits of the STP reflected in the plan were that both planning and delivery would be brought closer together and for there to be wider engagement in the planning process. For example, in terms of public health, it ensured that there was shared responsibility for disease prevention interventions such as for cancer, and making connections between all factors affecting health and wellbeing. It was noted that for this to be realised, there needed to be cultural and behavioural changes and the approach of practitioners in developing greater professional curiosity.

The chair commented that the local authority was keen to contribute but recognised the role of NHS England in supporting improvements in Herefordshire to ensure combined effort.

RESOLVED

THAT:

- (a) the following recommendations be included in the development of the STP and linked programmes of work and communicated to the strategic lead:**
 - **an open transparent process for the selection of independent chair and programme director**
 - **for young people and children's wellbeing to be clearly represented in the work plan**
 - **consideration of borders, natural population flows and access to be seen clearly**
 - **for the wider determinants of health to be incorporated;**
- (b) plans for a strategic planning workshop be approved; and**
- (c) subject to clarification on the inclusion of young people and children's wellbeing, the alignment of the CCG's priorities and plans (as outlined in appendices 2 and 3) with the health and wellbeing strategy be recognised.**

The meeting ended at 4.55 pm

CHAIRMAN