

MINUTES of the meeting of Health and Wellbeing Board held in Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 28 March 2017 at 2.00 pm

Present: Cllr PM Morgan (Herefordshire Council) (Chairman)
Dr Dominic Horne (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

J Davidson	Director for Children's Wellbeing
Mr S Hairsnape	NHS Herefordshire Clinical Commissioning Group
Cllr JA Hyde	Herefordshire Council
Mr P Deneen	Healthwatch Herefordshire
Prof Rod Thomson	Director of Public Health
Mr S Vickers	Assistant director, operations and support

In attendance: Councillor PA Andrews

Officers: Chris Baird, Steve Hodges, Amy Pitt, Alison Talbot-Smith and Laura Tyler

102. APOLOGIES FOR ABSENCE

Apologies were received from Cllr JG Lester, Diane Jones, Martin Samuels, Jo Melling and Jacqui Bremner.

103. NAMED SUBSTITUTES (IF ANY)

Cllr JA Hyde substituted for Cllr JG Lester and Stephen Vickers substituted for Martin Samuels.

104. DECLARATIONS OF INTEREST

None.

105. MINUTES

It was confirmed that the action points identified at the meeting were with officers and updates were due to be reported to the meeting on 16 May 2017.

RESOLVED

That the minutes of the meeting held on 7 February 2017 be approved as a correct record and signed by the chairman.

106. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

107. BETTER CARE FUND 2016/17 QUARTER THREE PERFORMANCE REPORT

The better care fund and integration manager presented the report. The following points were noted:

- the quarter 3 return was submitted to NHS England on 3 March, having been signed off through delegated authority by the Clinical Commissioning Group accountable officer and the Council's director for adults and wellbeing

- For residential care, no improvement in performance was reported; admissions had increased and were at a higher level than a year ago; demand for nursing care appeared to have increased and placements were being evaluated individually
- Non-elective admissions appeared to be meeting the target for reduction in admissions and this had been supported by the introduction of a number of initiatives including the “red bag” scheme which contained information about the individual when transferring between hospital and care home
- community provision was being explored with the intention of freeing-up and understanding blockages in transfer of care
- Healthwatch had developed a patient passport, which included medication and care information, which could be linked to the red bag scheme
- In terms of risk sharing arrangements, there were some clients who were awaiting review, but it was planned for these to be completed by the end of March 2017. It had taken time to carry out these reviews due to the various care pathways involved
- There was a review of the intermediate rehabilitation pilot under rapid assessment and active therapeutic interventions in order to support people to regain independence. The pilot was to be extended to the end of June 2017
- Further BCF policy and planning guidance was awaited and in the meantime, planning by partners continued. It was noted that the national conditions had been reduced from 8 to 4
- With regard to financial implications there was pressure on the residential nursing element and funded nursing care

In answer to a question regarding an action plan to address bed blocking, it was explained that the better care fund was an enabler, bringing parts of the system together and drawing upon funding from commissioned services to drive changes. There was quality assurance of every case funded by the local authority and there had been successes in supporting people to stay at home, which made it easier to predict changes in admissions, with the more complex cases staying longer or going into nursing care rather than residential care. The pace of change was a challenge, but the focus was on promoting ongoing cultural change through strengths-based practice.

It was noted that there was a significant programme of work underpinning the sustainability and transformation plan and One Herefordshire to avoid admissions, and elements funded through the BCF needed to be considered as part of the overall system. There was further work to be done to ensure the pace of change on reducing bed blocking was having an impact and continuing progress on redressing the trend in urgent care admissions. An additional factor was delayed transfer of care where patients from out of the county were unable to return home.

It was confirmed that timeframes for transferring people to the most appropriate care were improving, although there were challenges in cases being picked up to transfer from adult social care. That 7-day services were not available was a factor and there were steps being taken within the system to mitigate this impact. An additional factor was the quality of the market and capacity for example in carrying out assessments at weekends, although it would not be enough to address that without having provision in place for the discharge once the assessment was completed.

It was intended for the BCF to address this but there were aspects of budgets and accountability expected that had not been overcome through the BCF.

The chairman observed that the report showed just one part of the whole system and invited comments on recommendations. The view was that the BCF was one part of the bigger system which would be considered more widely in the integration update.

It was further noted that there were challenges regarding capacity and recruitment and retention with a 12 per cent vacancy factor and shortages in qualified staff. There has been some redesigning but output needed to improve, particularly around completing assessments. It was suggested that some further modernisation ideas and plans be shared with the board.

RESOLVED

That the report be accepted.

108. THE CARE MARKET

The assistant director operations and support introduced the adult care market element of the report, noting that the quality assurance framework offered some reassurance and there was good practice highlighted by the Local Government Association reflected in the Care Quality Commission's report that the county had some of the best care homes in the country.

The senior commissioning officer highlighted that for the adult care market:

- the report focused on the quality of the care market and domiciliary care market but that consideration was needed of other areas of contracting monitoring arrangements including the delivery of care by external providers as there was a significant self-funding market which created challenges.
- There were just over 2000 beds in the care home sector and joint commissioning of around 500 of the bed capacity was an advantage.
- Commissioners monitor planning applications in order to comment on the needs for nursing beds
- With regard to the home care market, there are around 800 users and a significant number of small organisations as local
- domiciliary care workers provided around 3000 hours per week of care
- quality framework information gathered from service users and their families, and from providers, was used for reporting to the quality review panel. Ways of gathering more information from providers in care sector was being explored, to understand more about self-funding and to support providers to grow
- Care Quality Commission ratings were good but there was work to be done around developing understanding of reablement and the home care market to encourage care homes to consider short-stays as a viable option.

In answer to a question about delivering the reablement model in care homes, this was aspired to in the longer term and there was therapy in place at one home so there could be a step-up facility as well as a step-down facility, and more options could be considered to care for people at home. It was also noted that care homes were not carrying out assessments although this was a contractual requirement which needed following up. Some of the homes were small with limited staffing resource to do this and to meet on-call and weekend cover requirements.

Responding to a question about encouraging collaboration between homes, the assistant director identified that was limited appetite for this despite the advantages and there was greater encouragement needed alongside greater focus on domiciliary care and help to live at home.

There were also workforce planning implications and an observation was made regarding a poor perception of nursing home careers amongst the nursing profession despite competitive salaries, leading to recruitment difficulties. This had led, in one case, to a provider withdrawing nursing care for challenging behaviour despite this being a growth area.

There were other factors affecting the overall condition of the nursing workforce, including vacancy levels, age profiles and salary levels falling in real terms. There could be a further impact from Brexit and potential loss of workforce from the EU.

The assistant director education and commissioning presented the children's care market element of the report, which referred to the looked after children and complex needs commissioning and sufficiency strategy (appendix 1). Summarising the report, he made the following points:

- Increasing the number of Herefordshire foster cares was going well and on course to deliver on the strategy's objective there was currently a comparatively high number of looked after children and although needs were met effectively, the service was considering what were the causes and how they could be appropriately addressed
- with regard to increased complex needs, the range of provision had expanded with the Herefordshire intensive placement support service (HIPSS) and the therapeutic intervention support service (TISS) in place to support practitioners and foster carers, particularly with regard to potential placement breakdown, and with managing challenging behaviours
- short breaks for children with complex needs had expanded through recommissioning coming into effect from April 2017
- there was joint working with adults' services on developing housing for young adults, which is expected to bear fruit and is part of the strategy
- for young people in tier 4 mental health services, work was underway to explore how to enhance planning for discharge

It was identified that there was some good practice to be shared between adults' and children's services, noting the successful work to recruit foster carers.

It was noted that an update on housing was planned for the next meeting.

RESOLVED:

That

- a) **the report be noted; and**
- b) **the following project areas be proposed through the Joint Commissioning Board to be taken forward to address market forces and sustainability:**
 - **workforce planning**
 - **domiciliary care**
 - **the care home market; and**
- c) **that adults' and children's services work together to develop recruitment and retention approaches that would benefit adults' services in conjunction with the communications team**

109. HEALTH AND WELLBEING STRATEGY UPDATE ON PRIORITY TWO

The assistant director education and commissioning presented the report and the board considered the achievements and areas of focus as set out in the report. The children and young peoples' plan 2015-18 is the key deliverer of the health and wellbeing strategy, and focuses on 6 priorities:

1. **Early help:** It was noted that the strategy had been agreed and work was now taking place to develop the operational approach across Herefordshire. Early help was taking place but could be more effective once greater clarity and enhanced systems are put in place, including the development of locally based family network meetings. . Public health work included obesity, dental health and promotion of mental health particularly around reducing self-harm

2. 0 – 5 early years: wider issues around outreach and access, particularly with regard to rural isolation was being considered in order to support families. Health visiting and school nursing services were to be recommissioned later this year.
3. Mental health and emotional wellbeing: the Care Quality Commission had commented positively on the initial screening of cases by 2gether Mental Health CAMHS service as part of the local area SEND inspection. Schools were being supported with regard to resources for emotional wellbeing
4. Children and young people in need of safeguarding: focus on this continued and it was expected that there would be an Ofsted inspection next year. A peer review was planned to take place during June and September this year
5. Addressing challenges for teenagers: the number of young people not in employment education or training (NEET) was in line with regional trends but further work was required to understand the barriers in order to identify possible solutions. A factor to this was accessibility and discussion took place around transportation and what community resources existed to help overcome this
6. Children and young people with disabilities: there had been a positive inspection report and encouragement to share practice with other authorities. Workforce training was being developed around service reforms.

In response to a question regarding 1 Ledbury Road, the assistant director clarified that there was a range of provision that would be available from 1 April 2017 and which had been developed with parents and carers. 1 Ledbury Road was to close on 31 March 2017 there was a mixed response from families in this regard and officers were working with parents on alternative provision. A developmental approach was being taken to commissioning including family-based overnight provision being extended. Distance to this provision was an important consideration for some families.

In answer to a question from the chair about what was in place for this group with regard to NEETs, the assistant director confirmed that all NEETs were tracked within service priorities to identify appropriate support.

It was noted that early help support directly affected entry into higher threshold services and it was important to note that a range of activity was already taking place across early years settings, schools, colleges, local communities and by the private and voluntary sectors as well as services provided by the council.

RESOLVED

That

- a) **progress on priority 2 of the health and wellbeing strategy be noted as positive;**
- b) **the safeguarding peer review be welcomed;**
- c) **an update on early help outcomes be presented to the board in autumn 2017;**
- d) **an update on inequalities be provided which takes into account information on the number of young people not in education, employment or training, the barriers faced, and solutions to overcome barriers; and**
- e) **the children and young people's plan and update report be shared with the Clinical Commissioning Group board, GPs, Healthwatch, and local providers (2gether NHS Foundation Trust, Wye Valley NHS Trust and Taurus) by the lead senior manager for each of the organisations.**

110. CORPORATE DELIVERY PLAN 2017-18

The directorate services team leader for economy, communities and corporate presented an update on the corporate delivery plan. The plan, which was approved last year, covers 2016 to 2020, with four priorities:

- enable residents to live safe, healthy and independent lives

- keep children and young people safe and give them a great start in life
- support the growth of our economy
- secure better services, quality of life and value for money

The activities in the plan would be delivered over a number of years, so this report sets out the 2017-18 delivery plan that would be presented to cabinet in April 2017, followed by an end of year report.

Board members noted that there was considerable health and wellbeing activity threaded throughout the corporate aims and this was commended. Health and wellbeing had been brought to the top of the agenda and was becoming evident.

RESOLVED

That it be confirmed to cabinet that the plan is in line with the priorities of the health and wellbeing strategy.

111. INTEGRATION: SUSTAINABILITY AND TRANSFORMATION PLAN (STP) DELIVERY PLAN

The update was presented by the director of transformation for One Herefordshire, and the board was invited to consider how the board and the overall aims could be better aligned and the board be more involved in the work.

A number of key milestones had been attained and thanks were expressed to Healthwatch for their engagement work which had been commended by NHS England.

The plan was being refreshed at this point and external resources were being considered within the remodelling. There were plans to hold meetings of both health and wellbeing boards of Herefordshire and Worcestershire to sit simultaneously during May 2017 prior to the Clinical Commissioning Group's governing body meeting, and it was suggested that the same approach could be taken with health scrutiny committees. Work had commenced to scope the approach for co-production.

It was noted that consultation events regarding the proposals for walk-in centre arrangements in Hereford were to be commended for their approach in ensuring questions were responded to thoroughly.

One Herefordshire, as the delivery mechanism for integration, was based on a logic model, or plan, bringing together the prevention, self-care and public health agenda. Key enablers in this were recruitment and the workforce, and information management and technology, for which there were working groups and sharing of information and common themes.

The aim was also to extend engagement to the parts of the community and voluntary sector beyond health and social care and there had been developments around estates and transport infrastructure across partners to support integration.

In terms of communications and engagement, there was a high level engagement programme which had been presented to the health and social care overview and scrutiny committee. It was noted that there were particular sensitivities that the approach to engagement and consultation needed to take into account.

Discussion took place regarding the role of the health and wellbeing board as the public facing element of the plan's delivery, and consideration of appropriate membership to include the provider element. It was important to ensure that the governance role of the health and wellbeing board was effective, and that there was improved engagement with the public.

RESOLVED

That

- a) The director for adults and wellbeing, with CCG officers, be commissioned to review the governance arrangements for the health and wellbeing board to ensure that:
 - membership is appropriately aligned to facilitate the delivery of the STP through One Herefordshire
 - there are mechanisms in place to raise the profile of the board's work including provision for engagement with the public**
- b) the outcomes of this review be presented to the health and wellbeing board in May 2017**

The meeting ended at 4.30 pm

CHAIRMAN