

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Wednesday 24 March 2021**

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Time: **9.30 am**

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Place: **Online meeting**

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Notes: For any further information please contact:

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If you would like help to understand this document, or would like it in another format, please call Ben Baugh, Democratic Services on 01432 261882 or e-mail [ben.baugh2@herefordshire.gov.uk](mailto:ben.baugh2@herefordshire.gov.uk) in advance of the meeting.

# **Agenda for the meeting of the Adults and wellbeing scrutiny committee**

## **Membership**

**Chairperson**            **Councillor Elissa Swinglehurst**  
**Vice-chairperson**    **Councillor Jenny Bartlett**

**Councillor Sebastian Bowen**  
**Councillor Helen I'Anson**  
**Councillor Tim Price**  
**Councillor Alan Seldon**  
**Councillor Kevin Tillett**

[Note: as the principal item on this agenda has wide-ranging implications, members of the children and young people scrutiny committee are also being invited to this meeting in a non-voting capacity]

## Agenda

### Pages

[Note: as this is an additional meeting, the minutes of the previous meeting and the work programme will be considered at the next scheduled meeting on 29 March 2021]

#### 1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

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

To receive details of any member nominated to attend the meeting in place of a member of the committee.

#### 3. DECLARATIONS OF INTEREST

To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.

##### How to submit questions

*The deadline for the submission of questions for this meeting is 5.00 pm on Thursday 18 March 2021.*

*Questions must be submitted to [councillorservices@herefordshire.gov.uk](mailto:councillorservices@herefordshire.gov.uk). Questions sent to any other address may not be accepted.*

*Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at [www.herefordshire.gov.uk/council/get-involved/3](http://www.herefordshire.gov.uk/council/get-involved/3)*

#### 4. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

#### 5. QUESTIONS FROM COUNCILLORS

To receive any written questions from councillors.

#### 6. NHS WHITE PAPER: INTEGRATION AND INNOVATION

To consider the attached report on the NHS White Paper from the Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and to determine any recommendations the committee wishes to make.

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#### 7. DATE OF NEXT MEETING

The next scheduled meeting is Monday 29 March 2021, 2.30 pm.



## The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the adults and wellbeing scrutiny committee, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of Covid-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at [www.youtube.com/HerefordshireCouncil](http://www.youtube.com/HerefordshireCouncil)

The recording of the meeting will be available shortly after the meeting has concluded through the relevant adults and wellbeing scrutiny committee meeting page on the council's website at <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=955&Year=0>

### You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at [www.herefordshire.gov.uk/meetings](http://www.herefordshire.gov.uk/meetings)
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at [www.herefordshire.gov.uk/councillors](http://www.herefordshire.gov.uk/councillors)
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at [www.herefordshire.gov.uk/constitution](http://www.herefordshire.gov.uk/constitution)
- Access to this summary of your rights as members of the public to observe 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.



## **The seven principles of public life**

### **(Nolan principles)**

#### **1. Selflessness**

Holders of public office should act solely in terms of the public interest.

#### **2. Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

#### **3. Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

#### **4. Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

#### **5. Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

#### **6. Honesty**

Holders of public office should be truthful.

#### **7. Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.





## **Title of report: NHS White Paper: Integration and Innovation**

**Meeting: Adults and wellbeing scrutiny committee**

**Meeting date: Wednesday 24 March 2021**

**Report by: Assistant director, all ages commissioning**

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

All Wards

### **Purpose**

To consider the attached report on the NHS White Paper from the Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and to determine any recommendations the committee wishes to make.

### **Recommendation(s)**

**That the committee:**

- (a) considers the report on the NHS White Paper from the Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) (appendix A); and**
- (b) determines any recommendations it wishes to make to the executive and / or a responsible NHS body.**

## Alternative options

1. There are no alternative options, the NHS White Paper is a proposal issued by the UK government detailing the planned new arrangements for the NHS, public health and social care services.

## Key considerations

2. The adults and wellbeing scrutiny committee has powers including the review and scrutiny of any matter relating to the planning provision and operation of council, public health or health services (not reserved to the children and young people scrutiny committee), affecting the area and to make reports and recommendations on these matters.
3. The White Paper: *Integration and Innovation: working together to improve health and social care for all* was published on 11 February 2021 and sets out the direction for implementing new arrangements from 1 April 2022. These changes will affect both local NHS funded, public health and social care services.
4. The purpose of the legislation is to remove the barriers that prevent local NHS, public health, social care and voluntary sector services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.
5. There is significant evidence underpinning the case for delivering improved care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.
6. The new approach will enable us to deliver integration *“because the system enables it”*, not *“despite the system”*, which has often been quoted as a barrier to improvement in the past.
7. The Integrated Care System (ICS) will replace the Sustainability and Transformation Partnership (STP).

## Community impact

8. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

9. This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition “strengthen communities to ensure everyone lives well and safely together”.

## **Environmental impact**

10. There are no general implications for the environment arising from this report.

## **Equality duty**

11. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
12. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services.

## **Resource implications**

13. As a report informing the scrutiny process, it has no direct implications for resources.
14. The report has no direct resources implications for the council as it sets out a general strategic direction for the whole local system, which will be dependent on the existing resources of multiple partner agencies.

## **Legal implications**

15. No direct legal implications at this time. The White Paper sets out the government’s proposals for changes in legislation.

## **Risk management**

16. No risks are identified specifically in relation to this covering report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

## **Consultees**

17. The White Paper has been widely circulated across stakeholders and a response to the Department of Health and Social Care has previously been submitted by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

## **Appendices**

Appendix A NHS White Paper: Integration and Innovation

## **Background papers**

None

# Appendix A

## NHS White Paper: Integration and Innovation

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### Background

1. The NHS defines integrated care as being ‘about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care’.
2. The White Paper: *Integration and Innovation: working together to improve health and social care for all* was published on 11 February 2021 and sets out the direction for implementing new arrangements from 1 April 2022. These changes will affect both local NHS funded, Public Health and Social Care services.
3. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health, Social Care and voluntary sector services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.
4. There is significant evidence underpinning the case for delivering improved care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.
5. The new approach will enable us to deliver integration **“because the system enables it”**, not **“despite the system”**, which has often been quoted as a barrier to improvement in the past.
6. The Integrated Care System (ICS) will replace the Sustainability and Transformation Partnership (STP).

### The headline changes:

7. The national policy guidance underpinning the response to the White Paper is in development and likely to become clearer over the coming weeks and months. The main changes to highlight now, which will have a visible impact on local services are:
  - Creation of a new **NHS ICS Body** that subsumes all of the CCG statutory functions and staff, and which will also receive new delegations from NHSE to

commission additional services previously commissioned by the regional team (such as primary care, dental care, specialised services and others).

- Establishment of a **Unitary Board** to govern the NHS ICS Body, that is constituted of NHS Providers, General Practice and Local Authority representatives. This will replace the CCG Governing Body and membership model.
- Creation of a new **ICS Health and Care Partnership** to interact with the NHS ICS Body on system wide planning issues. This partnership is expected to include wider representation such as Healthwatch, VCS groups, social and housing care providers etc. It will be important to align this partnership's responsibilities as closely as possible to the Health and Wellbeing Board.
- More opportunities to **form joint committees** and other joint working arrangements to support the delivery of integrated care.
- A **change to competition legislation** to reduce the amount of unnecessary procurement when there is an obvious choice of provider for health care services. However, the opportunity to pursue competitive procurement exercises will remain an option if there is a perceived benefit and we will continue to work with existing private sector providers where they help to **improve patient choice and reduce waiting times**.
- Specific targets for **system wide financial performance** and an obligation on all NHS bodies to have regard to that target in delivering their own organisation's finance plans.
- A **duty to collaborate** on health and care bodies operating in the ICS to support integrated care.
- **New powers for the Secretary of State** to directly intervene in the running of local health and care services where there is a perceived need.
- A new approach to **social care assurance**, involving the Care Quality Commission, and other changes to the hospital/social care interface when managing discharges of people with ongoing support needs.
- New requirements on organisations **to collect and share data** against specified standards more proactively to support integrated care.
- Direct action on addressing a number of **key health and well-being risks**, such as by addressing pre-watershed food advertising issues, improving food labelling standards, mandating calorie-labelling on alcohol and the strengthening the approach to water fluoridation.

There are many other changes which will be less visible to front line services and the experience of the population, but these can be outlined on the day if scrutiny members wish for further details.

## **Benefits to the population in Herefordshire:**

8. Integrating services will result in people experiencing care that is more joined up and digitally enabled. For example, benefits will include the following:
- The population will experience fewer instances of having to answer the same questions multiple times about their personal information and clinical history when attending appointments.
  - There will more joined up care and treatments around person's individual needs and overall health status, rather than care and treatment being focused on individual medical conditions in isolation.
  - With more joint working between the Council and Health bodies, there will be a greater focus on improving whole population health and wellbeing, not just treating people who are poorly and need hospital care.
  - More services will be available closer to home with primary and secondary care services being able to support each other, using common information systems.
  - There will be greater joining up of health and social care services, reducing the level of duplication that people experience when they receive services from multiple local providers – such as hospital care, social care and mental health care.

How this has been, and will continue to be delivered:

- Increased investment in local services, for example since the merger of the Herefordshire and Worcestershire CCGs, an additional £1.5m has been invested in local primary care services in 2020/21 with an additional £400k to be invested in 2021/22.
- All doctors, nurses and other practitioners being able to view a single clinical record containing a person's medical history when determining the best course of treatment. Previously it was much more difficult to join up GP information with hospital records and those services provided in the community.
- Place based financial allocations will allow more local decision making on aligning to funding to local priorities. This will enable quicker decisions on service changes and improvements and will put more power to influence change in the hands of local clinical leaders.

