

Minutes of the meeting of Health and wellbeing board held in Conference Suite, Plough Lane on Thursday 21 July 2022 at 10.00 am

Board members present in person, voting:

Councillor Pauline Crockett (Chairperson)	Cabinet Member - Health and Adult Wellbeing
Hilary Hall	Corporate Services
Jane Ives (Vice Chairman)	Managing Director, Wye Valley NHS Trust
Matt Pearce	Public Health
Christine Price	Chief Officer, Healthwatch Herefordshire
Simon Trickett	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG

Board members in attendance remotely, non-voting:

Dr Mike Hearne	Managing Director, Taurus Healthcare
Councillor David Hitchiner	Leader of the Council, Herefordshire Council

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Ewen Archibald	Interim Assistant Director, All Ages Commissioning	Herefordshire Council
Marie Gallagher	Project Manager – All Age Commissioning	
Adrian Griffiths	Business Partner	Herefordshire Council
Susan Harris	Executive director of strategy and partnerships, and STP communications and engagement lead	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (Rep Chair of the Trust)
Dr Frances Howie	Public Health Consultant	Herefordshire Council
David Mehaffey	Director for Integrated Care System Development	NHS Herefordshire and Worcestershire System
Amy Pitt	Service Director - Communities	Herefordshire Council

Others in attendance remotely:

35. INTRODUCTION

The chair drew the board's attention to supplements that had been added to the agenda due to formatting and collating challenges.

The chair also asked the board if it was happy to adjust the agenda so that Item 7 was first on the agenda. The board approved this request.

36. APPOINTMENT OF VICE CHAIRPERSON

The newly established Herefordshire and Worcestershire Integrated Care Board recommended Jane Ives (Managing Director, Wye Valley NHS Trust) as its candidate. The chair invited comments from the board, but there were none. The recommendation was proposed and seconded and Jane Ives was formally appointed as vice-chairperson of Herefordshire Health and Wellbeing Board.

Resolved: That Jane Ives be appointed vice-chairperson of the board for the remainder of the municipal year.

(The Chair then returned to the beginning of the agenda).

37. APOLOGIES FOR ABSENCE

Apologies were received from: Mandy Appleby, Ross Cook, Darryl Freeman, Lisa Arthur, Superintendent Edward Williams, Hayley Ann Alison, Anna Davidson, Cllr Toynbee, Stephen Brewster

38. NAMED SUBSTITUTES (IF ANY)

There were no named substitutes.

39. DECLARATIONS OF INTEREST

There were no declarations of interest.

40. MINUTES

David Mehaffey asked for it to be noted that he had attended the meeting of the 28th in person and not online as had been recorded in the minutes. It was also noted that Frances Howie's details were incorrect.

41. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions received from members of the public.

42. QUESTIONS FROM COUNCILLORS

No questions from councillors.

43. PROPOSED ADDITION OF A VOLUNTARY SECTOR REPRESENTATIVE POSITION TO THE BOARD MEMBERSHIP.

In the meeting of the 28th of March the question was raised if it was possible to add a voluntary sector representative to the membership of the board. The board was informed that an addition to the board's membership of this nature would necessitate a change in the council's constitution and that the board was consulting with agencies from that sector before progressing any further and

would look to bring the item back to a future meeting. It was recommended that the board agrees to return to the discuss the item at a future meeting.

Resolved that: The board unanimously agreed to return to the item in a future meeting.

44. BETTER CARE FUND (BCF) YEAR END REPORT 2021-2022

The board received a report from Ewen Archibald (Service director for all ages commissioning), Marie Gallagher (Project manager) and Adrian Griffiths (Business manager). It was pointed out that the timescales meant the papers were presented on performance of the last year after they have been submitted. The documents had been reviewed and submitted by chief officers under delegated arrangements. Subject to any further view from the board the submissions have been approved by the Department of Health.

The board was told that there were six pools of funding within the better care fund, but only four of those were active and the other two were essentially dormant. All the national conditions had been met by Herefordshire in relation to BCF during the period. The great majority of targets set had been met in full, but one that hadn't was around maintaining low levels of admission to care homes, the target here was 408, but had actually reached 485.

This was driven by a huge and sustained demand for home care during the Covid and post-Covid period. The market had largely met that demand, but in some instances people had to be admitted into residential care when otherwise they would have been able to go home with a package of support. An increase in acute need of people going into hospital and being admitted to nursing straight from hospital was the other driving factor.

Good progress had been made with re-enablement and people living independently after 91 days of discharge. The BCF pools as a whole represent a very significant investment in cores services, particularly around integrated and core services. The very significant role of Talk Community was discussed in relation to this. Talk Community hubs had grown and helped create a very diverse and comprehensive system of integration and a wide range of services which support the objectives of the BCF plan.

It was stated that challenges remain from the residual effects of the impact of covid including ongoing demand going into hospital and continuing impact on the availability of the workforce. Recruitment both nationally and locally remains an issue.

An overview was also provided of the new BCF planning guidance and the timelines involved in submitting items to the board.

The board noted the plan had already been submitted and considered if there were any actions necessary to improve future performance and felt that embracing Talk Community would be a key element in maintaining good future performance.

The board enquired whether the people who went into residential care because they couldn't be supported with home care eventually got to go home or did they stay in residential care? This information would be useful in informing the demand and capacity plan for intermediate care.

The board asked if it would be possible to bring BCF details and information to the clinical practitioner forum (PCF) to enable a system-wide discussion, particularly on the areas where improvements could be made. The service director confirmed this would be fine.

Resolved: The Better Care Fund (BCF) 2021-2022 year-end template at appendix 1, as submitted to NHS England, was noted and reviewed, and the board would determine any further actions necessary to improve future performance.

Action: Adrian Griffiths to obtain data regarding people placed in residential homes from hospital and whether they eventually got a package of home care support.

45. JOINT HEALTH AND WELLBEING BOARD STRATEGY BRIEFING

Matt Pearce (Director of Public Health) gave a presentation and overview of the Health and Wellbeing Board Strategy document and stressed the importance of it being integrated within the Integrated Care Partnership. The key principles to be focused on were the needs of local communities, prevention and health inequalities.

It was noted that deadlines for the strategy development were tight, but existing information was available from engagement work carried out by Talk Community and Healthwatch and this could be built on to develop a robust strategy. The timeline for the strategy development was provided and it was explained that a Task and Finish Group would be set up to co-ordinate and guide progress.

The board expressed its support for the new strategy and note that it was a step forward from previous years when the focus had sometimes been more on strategy than actually delivery. The board also stressed the importance of ownership of tasks and people understanding their roles within the task and finish group.

Approved: The board support the development of the new health and wellbeing strategy and agree on the guiding principles process and timeline for the strategy development. The board also agrees the production of the strategy be delegated to a task and finish development group.

46. INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT UPDATE AND INTEGRATED CARE PARTNERSHIP ASSEMBLY (ICPA) TERMS OF REFERENCE BRIEFING

Simon Trickett and David Mehaffey gave a detailed overview of the Integrated Care System (ICS) development update and gave a briefing on the terms of reference for the newly created Integrated Care Partnership Assembly (ICPA).

The board expressed its positivity about the new system and partnerships. The chair noted that this presented a great opportunity to share and learn from commonalities with Worcestershire and work together to get the best outcomes for the residents of both counties.

The board stated that previously there had been barriers that stopped it from working in an integrated way and the health and social care act 2022 had removed a lot of those barriers, ensuring there was now an opportunity to do things in a different way.

The board noted that this wasn't just about health and care, but the whole infrastructure including transport and housing. If these weren't handled right then the best health and care services in the world would not improve the inequalities and outcomes.

Resolved: The board consider the report in appendices 1 and 2 and commented on the terms of reference.

47. INEQUALITY GROUP UPDATE

Alan Dawson, provided an update (ahead of a detailed paper) on a plan for the inequality group and gave an update on its progress. The group had identified avoidable inequalities and agreed a number of principles including a system-wide understanding of inequalities and a focus on deprivation, vulnerable groups and best practice.

The board thanked the inequality group for the hard work it had been doing in driving this difficult subject forward and noted that it isn't just about life expectancy, but was also about the here and now.

The board also noted that when the paper comes back it needs to be clear about how it's going to set priorities on this in order to make the biggest impact. Inequality is a huge area and it simply won't be possible to deal with all of it.

48. HEALTH AND WELLBEING BOARD WORK PROGRAMME

Amy Pitt talked the board through the work programme for the next 12 months and discussed statutory requirements of the board that it needed to be mindful of.

49. DATE OF NEXT MEETING

The meeting ended at Time Not Specified

Chairperson