

Minutes of the meeting of Health and Wellbeing Board held in Conference Suite, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 26 June 2023 at 2.00 pm

Board members present in person, voting:

Darryl Freeman	Corporate Director for Children and Families, Herefordshire Council
Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board
Matt Pearce	Director of Public Health, Herefordshire Council

Board members in attendance remotely, non-voting:

Jon Butlin	Assistant Director for Prevention, Hereford & Worcester Fire and Rescue
Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Christine Price	Chief Officer, Healthwatch Herefordshire

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

Others present in person:

Stephen Brewster		VCS
Henry Merricks-Murgatroyd	Democratic Services Officer	
Nisha Sankey	Director of Strategy and Primary Care Networks	Taurus Healthcare

Others in attendance remotely:

Hayley Doyle	Service Director All Age Commissioning	Herefordshire Council
Marie Gallagher	Integrated Systems Lead	
Gail Hancock	Service Director Improvement	

14. APOLOGIES FOR ABSENCE

Apologies were received from: Hilary Hall, Dr Mike Hearne, Councillor Jonathan Lester, Councillor Ivan Powell, Simon Trickett, and Mark Yates.

15. NAMED SUBSTITUTES (IF ANY)

Nisha Sankey acted as a substitute for Dr Mike Hearne from Taurus Healthcare.

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. MINUTES

The board approved the minutes of the meeting 27th April 2023.

18. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

19. QUESTIONS FROM COUNCILLORS

No questions were received.

20. BETTER CARE FUND (BCF) YEAR END REPORT 2022-2023

Hayley Doyle (All Age Commissioning) provided an overview of the Better Care Fund year-end report 2022-23. The principal points included:

1. There are three ambitions that are not on track to meet the planned performance by the end of the year:
 - a. Avoidable admissions to hospital:
 - i. The planned performance at year-end was 1,106 against a metric of 605
 - ii. A programme of admission avoidance including virtual ward and urgent care programmes are being implemented currently and the development of an approach to integrated long-term conditions management is envisioned to help improve future performance.
 - b. The discharge to normal place of residence
 - i. This relates to the percentage of people who are discharged from acute hospitals to their normal place of residence.
 - ii. The metric was set at 91.6% but was not met with data showing a year-end total of 90%.
 - iii. There is a key lack of capacity within Herefordshire's re-enablement and home care markets and the ability to discharge patients from acute beds to home, in a timely manner, has seen some patients being transferred to community hospital beds or to discharge to assessed beds in the community.
 - iv. This has been necessary in order to release acute bed capacity within the hospital, however, work is being done to improve in this position.
 - v. There has been further recruitment to vacancies within the home first team and the re-enablement service provided by Hoople and this position has increased at the latter end of 2022/23 with Hoople moving toward full recruitment across those service areas.
 - c. The effectiveness of re-enablement:
 - i. This relates to the proportion of older people who are still at home 91 days after discharge from hospital into re-enablement/rehabilitation services.
 - ii. The metrics show that Herefordshire failed to meet this target with a figure of 70.8% against a target of 80%.
 - iii. The CQC registered re-enablement service was transferred from Herefordshire Council to Hoople in June 2022 and there were some reporting issues due to staff changes at this time. This has impacted some of the data collection but have since been addressed.
 - iv. Reporting has improved in the remaining quarters in 2022/23 with the percentage of individuals remaining at home 91 days after leaving the service averaging around 78% for the latter quarters.
 - v. The issues in the recording in quarter 1 have impacted upon the overall year percentage. Therefore, there are some nuances around the accuracy of data which have been since corrected. Nevertheless, the re-enablement service are experiencing an increase in the complexity of patients being taken on by the service which has an impact on the results in this area.

- vi. Work continues to be done as a local authority with Hoople to improve this position.
2. Overall, the Better Care Fund pools represent a significant increase in investment in core services and there are a number of areas where by end of year, the system can be successful in reaching planned ambitions and improving outcomes for people who receive services.
3. The Better Care Fund approach is considered to be a success in helping increase community teams to support council re-enablement teams and improve outcomes for people.
4. Teams continue to work together across the system to provide a joint approach to help create an outcome of improved flow in the re-enablement team which helps support better outcomes by maximising re-enablement capacity.
5. Recent workshops across the system have been created to look at the discharge to assess pathway which looks at how the promotion of outcomes for people can be achieved to ensure the best outcomes and maximise flow to support the system as a whole.
6. Recently, a discharge to assess board has been established which will meet later this month.
7. There also exists a strong system approach with the development of the One Herefordshire Forum and partners meeting together to provide governance learning and leadership on a weekly basis.
8. A significant remaining challenge around capacity in the market for a number of service areas exist.
9. For Herefordshire, a particular challenge remains around rural communities where the sourcing of care at home is a particularly difficult issue.
10. The local authority are leading on a piece of work which looks at all aspects to provide and create more capacity within the marketplace to increase the range of domiciliary care offered in rural areas and this includes additional commissioning activity, working with system partners.
11. Currently across the system, the Better Care Fund is being worked on which will cover the period of 2023-25 and is currently being drafted.
12. There will be a national deadline for submission and will be subsequently be presented at the following Health and Wellbeing Board meeting on 25th September 2023.

The Chair thanked Hayley Doyle and asked members for questions and comments.

Jane Ives (Managing Director of Wye Valley Trust) thanked Hayley Doyle for the overview of the Better Care Fund. The key issue in the system exists around home care capacity and backs up into other services. Although national conditions are being met, the most difference made to people is currently poor in terms of the resources being invested in and for value for money from those resources.

The Chair asked why a decision was taken to transfer from Herefordshire Council to Hoople the re-enablement service.

Hayley Doyle was unable to provide a response as to why this took place but noted that she would aim to provide an answer after the meeting.

The Chair also commented about Talk Community and the issue around rural health where there are a significant number of people who cannot access Talk Community facilities due to poor public transport, in particular. The Chair suggested a potential workshop on rural health and how Herefordshire sees itself as a rural county and how to tackle these issues of both rural health and access to Talk Community facilities.

The Chair noted that there were no amendments to be made the template and therefore the board accepted both the report and template in its present condition.

The recommendation was proposed, seconded, and approved unanimously.

Resolved that:

- a) **The Better Care Fund (BCF) 2022-2023 year-end template at appendix 1, as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve future performance.**
- b) **The board accept the report and template as presented to members in the meeting.**

21. CHILDREN'S SERVICES IMPROVEMENT PLAN

Darryl Freeman (Corporate Director for Children and Young People) gave a brief introduction to the Children's Services Improvement Plan. The principal points included:

1. The Improvement Plan follows the inspection by Ofsted last summer where Children's Services in Herefordshire were rated as inadequate.
2. Thereafter, a statutory direction followed in addition to the appointment of a children's commissioner.
3. The improvement plan was agreed by Children's Scrutiny and Cabinet in December 2022 and was submitted to Ofsted.
4. Progress against the improvement plan is primarily monitored by the improvement board as there is no governance role for the Health and Wellbeing Board, however, some of the elements of the improvement plan have connections to the wider Health and Wellbeing Board agenda.
5. The improvement board meets six-weekly and an update will be provided in addition to a thematic review which covers looked-after children.
6. Progress is also monitored by Ofsted and they have commenced a programme of monitoring visits, the first of which was in March 2023 and the feedback report was published in June 2023.
7. In the first monitoring visit, the focus was on the front door multi-agency response to risk in which good feedback was received by Ofsted with regard to progress that had been regarding the multi-agency response and the multi-agency safeguarding hub.
8. Within the same report, there's also a reminder that there is much more to do to improve the consistency of the quality of the practice, particularly of the quality of assessments in that particular visit.
9. Ofsted were returning later this week to focus on child protection.
10. The visits from Ofsted will form a regular pattern for the next couple of years.
11. Children's Services have been in decline for many years and improvement to a standard of 'good or more' will not happen overnight. Rather this will be a 2-3 year improvement plan activity.
12. The general direction of travel continues to be positive and the vast majority of activities are on track and the impact of the activity are now being measured. A lot of work is being done to change systems and processes, including IT systems, and it takes time to see the impact of that and the difference it makes with children and young people.
13. Gail Hancock (Service Director Improvement) and her team have started to provide some impact measures for the future.
14. Recruitment remains the single greatest challenge and to recruit experienced social workers is a particular challenge in Herefordshire.

The Corporate Director for Children and Young People then invited questions and comments from members of the board.

Jane Ives asked the Corporate Director how much the current rating of the service as 'inadequate' is impacting on the ability to recruit

The Corporate Director answered that the two are inextricably linked and that the competitiveness of Herefordshire's offer including quality of supervision, stability of leadership and management will help make a difference.

The Director of Public Health noted that the link to the Health and Wellbeing Strategy and in particular, the 'Best Start in Life' provides an opportunity to bring together a lot of prevention and early intervention work to help support this agenda.

The Chair asked about foster carer recruitment and sometimes foster carers leave as local authority foster carers to become agency foster carers, and whether they are asked if the decisions as to why they do is mainly financial related.

The Corporate Director responded that exit interviews are carried out in order to better understand why local authority foster carers have left their positions, but noted that there was not a lot of movement with a mostly stable set of foster carers in place.

The Chair also asked about health related priorities and that not necessarily the health history of the child is up-to-date and wondered whether that followed with the life story books that social workers provided and whether there is a similar lack in that area too.

The Corporate Director noted that health history relates to children who have been in and left care and accessing those children's health histories is difficult.

Gail Hancock (Service Director Improvement) also noted that the link is made because there is some direct work with children and young people so the practice principle is that life story work should happen very organically throughout the child's life. With respect to care histories, there is expectation for children to be supported to understand the relative issues about their health and wellbeing during their time in care but specifically health histories relate to what a child who has been in Herefordshire's care has when leaving that care and becoming a young adult and independent.

The Chair also asked about NEETs and that it appears to be a clear issue and within this local authority, it has been an issue for a long time. How many of the partner agencies offer, or we approach to offer work experience, apprenticeships, or job interviews for care leavers?

The Corporate Director answered that NEET is not in education or training and that figures for Herefordshire are comparable to the national figures. The overall figure is skewed by young people/care leavers who may be unwell, for example, along with other reasons why they would not be in education, employment or training. There are also a group of young people who may choose to not be in touch with the local authority. Therefore, while there is likely to be an under-report, it is unlikely to be a significant under-reporting of the figures. The Corporate Director also noted that conversations are being held with colleagues and a wide-range of agencies and are looking at contracts as well as developing apprenticeships in children's services for care leavers.

The Chair asked whether figures for the number of in-house foster care households and the number of placements offered and the proportion of in-house fostering capacity utilised were available.

The Corporate Director noted that these figures were not available. There are 155 children in the local authority's own foster care provision and 70% of children in our care are in family placements and about 45-50% are in our own provision. However, more foster carers are still needed.

The Chair asked about dental health and whether amongst looked-after children, are there significant problems about getting dental care for them.

The Corporate Director answered that there was a dedicated resource for children in care and children who are in care that needed to urgently access dental care, they can.

David Mehaffey (Executive Director of Strategy and Integration) commented that with regard to NEETs an action can be taken away to speak to NHS colleagues to make sure that partners are supported in that area.

The recommendation was proposed, seconded, and approved unanimously.

Resolved that:

- a) **The Health and Wellbeing Board note the progress reported on the children's services improvement plan and recent feedback from Office for Standards in Education, Children's Services and Skills (Ofsted) following the first Monitoring Visit since the inspection in summer 2022.**

Action - David Mehaffey to speak to NHS colleagues to make sure that partners are supported with regard to NEETs.

22. ONE HEREFORDSHIRE PARTNERSHIP UPDATE

Jane Ives provided an update on the One Herefordshire Partnership. The principal points included:

1. What the One Herefordshire Partnership is.
2. There are joint appointments from Herefordshire Council, Wye Valley NHS Trust, NHS Herefordshire and Worcestershire, GP Leadership Team, and System NED which form the partnership.
3. The partnership meets weekly which helps keep decision-making frequent and agile to ensure that decisions are made quickly.
4. The partnership translates the national strategy into something practical and pragmatic which is deliverable and is assessed against KPIs and objectives that holds the partnership to account.
5. The Clinical Practitioner Forum (CPF) is chaired by Mike Hearne and has a responsibility for the GP leadership team and meets once a fortnight.
6. The Integrated Care Executive's responsibility holds the partnership responsible and accountable for the objectives that the partnership intends to deliver.
7. Therefore, the ICE will scrutinise the partnership how money is invested, whether it is making a difference, and whether it is good value for money.
8. The partnership and the CPF have an established way of working whilst ICE is a little less mature and is expected to gain momentum later this year.
9. ICE meets monthly as it is able to be less agile than the other partnerships/forums.
10. There are joint partnerships between the different organisations which emphasises real partnerships between stakeholders.
11. The partnership operates learning forums including 'Transformation Tuesday' and 'Safety in Sync' which emphasises the work that is being done as well as the help that is needed going forward.
12. In terms of achievements, the One Herefordshire Partnership has integrated its GPs and Community Integrated Response Hub which delivers a 2-hour response.
13. There has been a lot of work done in care homes which delivers high levels of personalised care and support plans that has reduced admissions by 30% and falls by 15%.

14. There have been numerous PCN developments including health inequalities priorities such as adverse childhood experiences, cancer screening, vaccine hesitancy, childhood obesity, and fibromyalgia.
15. Urgent care has a much more integrated redesign plan which has been agreed and drafted.
16. A lot of work has been done regarding ambulance turnaround times over the winter.
17. Value for money is important and the Chief Financial Officers meet regularly to look at a set of financial principles that are developed and agreed among themselves and they are starting to look at how money can be managed in different ways.
18. Workforce partnership working is the biggest challenge and there are a number of things being done to tackle this including work with Hoople to support them to make the difference to recruitment in the Wye Valley Trust.
19. With respect to the partnership's priorities for the coming year, these include a number of priorities such as PCN development, Integrated Urgent Care, Health and Wellbeing Strategy priorities, planned care, workforce, working with communities, and working well together.

The Chair thanked Jane Ives for the presentation and asked whether people in Herefordshire knew that the partnership was better prepared going forward.

David Mehaffey noted that with respect to ambulance response times, for example, this is an area where Herefordshire has improved significantly in comparison to national statistics. Whether people will be aware of these improvements, there will be better experiences for people in the county.

Jane Ives noted that people need to see the difference in services and that delivery is particularly significant to people.

Stephen Brewster (VCS) asked if the preventative agenda was part of the conversation around preventative work.

Jane Ives noted that this was particularly relevant among the PCNs including work with Talk Communities, the voluntary sector, and health and social care.

Nisha Sankey (Taurus Healthcare) added that there is a strong commitment within Herefordshire to prevention and wellbeing as well as an acknowledgement that service demands support individuals with ill-health have taken a significant proportion of time and capacity. Making that shift is critical at every level and there is an absolute commitment to ensure capacity going into the prevention agenda.

David Mehaffey commented that with the Joint Forward Plan the first part of the title is to drive the shift upstream to more prevention and thus is embedded across all services in primary, secondary, and tertiary care.

Stephen Brewster asked if there was capacity within the system and investment in the preventative agenda.

David Mehaffey noted that this was a challenge and that there is about to be work done to develop a medium-term financial strategy to underpin the work around preventative care.

The Director of Public Health added that sometimes money is not always necessary to make a difference.

The recommendation was proposed, seconded, and unanimously approved.

Resolved that:

- a) **The Health and Wellbeing Board considers and notes the presentation at Appendix 1.**

23. JOINT LOCAL HEALTH AND WELLBEING STRATEGY

The Director of Public Health provided a brief report on the Joint Local Health and Wellbeing Strategy to update the board on the strategy. The principal points included:

1. The strategy was endorsed by the board in April and a new version of the strategy is being developed which should be available by end of June.
2. Work has been taking place on governance on the two core priorities including the best start in life which the Children and Young People partnership will be accountable for the delivery.
3. A workshop was held last week to work through what issues should be focused on the most – including child obesity, trauma informed practice, and access to NHS services.
4. An early-years partnership group sits below that as a sub-group which works on what best start in life looks at.
5. Some of the existing groups will be absorbed in the Children and Young People partnership which will help consolidate some of the governance and help deliver the children improvement priority going forward.
6. With respect to mental wellbeing, there is an mental health collaborative where two groups lead on mental wellbeing – 1. Adult Mental Health partnership, 2. Children Emotional Health partnership board.
7. The Adult Mental Health partnership is currently an advocacy sharing best practice networking but are keen to be more action-oriented and develop a delivery plan for mental wellbeing.
8. A following workshop for that partnership will take place on the 6th July.
9. The Children Emotional Health partnership will feed into the Children and Young People partnership and focuses on the NHS long term plan.
10. The aim is to bring a draft plan to the board later in the year on both of the strategy's priorities including the identified resources to support those priorities with a plan that can be regularly monitored which the One Herefordshire partnership will have oversight over.
11. The Mental Health collaborative executive approved funding for a suicide prevention coordinator who will be appointed and will sit in the public health team.
12. An outcomes framework is being looked at for the two core priority areas which focuses on logic models including what the intended outcomes are, what the indicators are, and what actions are wanted to deliver these.
13. The Health and Wellbeing Strategy event is taking place on July 12th at Hereford Racecourse and will cover what the strategy entails, past achievements, and how to deliver the two core priorities within the strategy.

The Chair noted it was good news to have someone appointed as a suicide prevention coordinator.

The Director of Public Health commented that there was also work to appoint a partnership and strategies officer to support the work of the board and wider networking with the primary care networks to help drive work going forward to meet the priorities of the board as well as providing a systematic approach.

The recommendation was proposed, seconded, and unanimously approved.

Resolved that:

a) The Board to note progress to date on work to deliver the strategy.

24. WORK PROGRAMME

The Chair asked whether the August workshop would be too soon for a session on rural health.

The Director of Public Health recommended that the session could be used to discuss the Joint Strategic Needs Assessment.

The board was happy with the recommendation made by the Director of Public Health.

The Director of Public Health wanted oral health as an update to be added to the agenda for the September board meeting.

The Chair asked if there were any items that could be moved to the December meeting.

The Director of Public Health stated he would take that away and review the work programme for future meetings.

David Mehaffey suggested that the mental health collaborative item could be moved to the December meeting.

The Chair responded that the mental health collaborative could be moved to the December meeting and that an item on oral health update could be included in the September meeting.

25. AOB

No other business was raised.

26. DATE OF NEXT MEETING

The next scheduled meeting is 25th September 2023, 14:00-17:00.

The meeting ended at 3.39 pm

Chairperson