

**Minutes of the meeting of Health and wellbeing board held at  
Committee Room 1, Shire Hall, St. Peter's Square, Hereford,  
HR1 2HX on Monday 8 July 2019 at 2.30 pm**

**Present:**            **Dr I Tait (NHS Herefordshire Clinical Commissioning Group) (Vice-chairperson  
in the chair)**

J Alner	NHS Herefordshire Clinical Commissioning Group
C Baird	Director for children and families
Councillor D Hitchiner	Herefordshire Council
Councillor F Norman	Herefordshire Council
I Stead	Healthwatch Herefordshire
D Sutherland	2gether NHS Foundation Trust
Dr I Tait	NHS Herefordshire Clinical Commissioning Group
S Vickers	Director for adults and communities
K Wright	Director of Public Health

**Officers:**            A Pitt (Head of integration and partnership, Herefordshire Council), Dr A Talbot-Smith (Director of strategy and transformation, NHS Herefordshire Clinical Commissioning Group), J Coleman (Democratic services manager, Herefordshire Council), A Neill (Chief executive, Herefordshire Council).

**1.        APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Pauline Crockett, Ingrid Barker and Simon Trickett.

**2.        NAMED SUBSTITUTES**

Duncan Sutherland substituted for Ingrid Barker and Jo-anne Alner for Simon Trickett.

**3.        DECLARATIONS OF INTEREST**

None.

**4.        MINUTES**

**RESOLVED:** That the minutes of the meeting held on 5 March 2019 be approved and signed by the chairperson.

**5.        QUESTIONS FROM MEMBERS OF THE PUBLIC**

None.

**6.        QUESTIONS FROM COUNCILLORS**

None.

## **7. BETTER CARE FUND QUARTER 4 REPORT 2018/19**

The board was invited to review the better care fund (BCF) 2018/19 quarter four national performance and end of year feedback.

The head of integration and partnerships (HIP) presented the report. She noted that to meet the national deadline the content of the returns had been submitted using delegated powers. However, the report provided the board with the opportunity to review the returns and provide feedback.

She reported that the BCF guidance for 2019/20 had not yet been issued. There would therefore be no quarter one report. The expectation was that requirements would remain the same and work was underway to draw up the required plan on that basis. She had been informed that morning that the delay was a consequence of ongoing discussions nationally on the respective inflationary uplift between health and social care. The sum involved would not be significant in planning terms. The indication from government was that a decision was imminent, but that had been the indication for some time. The plan for 2019/20 had to be submitted by the end of September.

The director for adults and communities commented that the delay and uncertainty did represent a risk but this would be managed. A similar situation had arisen in preparing the 2018/19 plan.

It was observed that, although not large in overall budgetary terms, the outcome may have some service implications. It was proposed that when the outcome was known and guidance received the board should therefore be informed by correspondence and any implications highlighted, rather than waiting to report to a formal meeting of the board.

In response to a question about delayed transfer of care, the HIP commented that performance for April 2019 was below target, the local authority being slightly over target, the health service slightly below. It was noted that reporting was to change to provide a total for the system as a whole reflecting that the key point was the patient experience of the system as a whole and improved outcomes for them. For managerial purposes monitoring of the separate targets would continue, but it was to be hoped that the time the current system led each body to expend challenging the statistics of the other would reduce.

### **RESOLVED:**

- That**
- (a) the better care fund (BCF) quarter four performance report at appendix one as submitted to NHS England, be received and the latest performance on delayed transfer of care and the move to measuring it in future at a system level be noted;**
  - (b) on occasions when board meetings do not coincide with national submission dates, the director for adults and communities has delegated authority, following consultation with the accountable officer of the Clinical Commissioning Group (or their delegate), to approve the submission and to present this to the next available board meeting to enable review of performance and make recommendations for improvement;**
  - (c) the director for adults and communities be authorised, following consultation with the chairperson of the health and wellbeing board and with the agreement of the accountable officer at the Clinical**

**Commissioning Group (or their delegate), to approve the 2019/20 BCF and Integration plan; and**

- (d) when the guidance on the BCF for 2019/20 including the financial settlement was received the board should be informed by correspondence and any implications highlighted.**

## **8. ONE HEREFORDSHIRE AND INTEGRATION BRIEFING**

The board was provided with an updated overview of the Sustainability and Transformation Programme (STP), One Herefordshire and Integration agenda for health and social care.

The director of strategy and transformation (DST) (NHS Herefordshire CCG and One Herefordshire), joint programme director (Herefordshire and Worcestershire Sustainability and Transformation Partnership) gave a presentation on the NHS long term plan, integrated care systems and one Herefordshire. The presentation was included with the agenda papers as an appendix to the report.

### **NHS Long Term Plan**

The DST noted that an implementation framework for the plan had recently been received. Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) had been asked to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24.

The following principal points were raised:

- On behalf of Healthwatch it was requested that there should be local engagement in the development of primary care networks to ensure the voice of local people was heard alongside that of health professionals. This was particularly important in a rural area where there were challenges to access to services.
- There was a danger that the national policy, of developing primary care networks with GPs working with other providers at locality level, which was written with an urban perspective, could prove complex in an area with a dispersed population. It was important to ensure that changes did not lead to poorer access to services. The plan's emphasis on digitally enabled care and the infrastructure required to support this was noted.
- The importance of ensuring the needs of Herefordshire continued to be served as part of a larger system was noted.

### **Integrated Care System / One Herefordshire**

The DST noted that discussions continued to take place on how the work of the Children and Young People's Partnership would be accommodated within the One Herefordshire Plan. At the moment the two systems were working in tandem.

In discussion the following principal points were made:

- Potential barriers to joining up the system as intended were discussed. It was suggested that these might include: accountability mechanisms, the CCG deficit and lack of a common engagement strategy, and the separate governance arrangements of the partners in the absence of a common legal framework.
- The director for adults and wellbeing saw a need to avoid becoming bound up with governance and structures. He saw most potential in the communities agenda focussing on community development rather than on "health and social care" as the

only solution to meeting needs. He also commented on the need to be ambitious and not allow financial pressures to lead to short sightedness. Whilst in year savings were being made these were not at the cost of longer term plans.

- The director of public health commented that the organisations involved currently had different cultures and drivers and working towards joint commitments might offer benefit. Training had a role to play in this.
- Dr Tait agreed that differing performance management structures was an issue of significance and unless these were aligned organisations would be driven by different priorities. Staff within organisations were the biggest determinant of success. The board members between them were responsible for many employees. Users, carers the public and public representatives needed to be borne in mind. In a time of financial constraints it was also a question of empowering people to manage their own health and wellbeing needs and futures. He also highlighted the key role of educators, whether that be families or more formal structures like schools.
- The chief executive of Herefordshire Council was invited to speak. He expressed a concern that NHS led change had tended to focus on structural change and this had not been effective in securing successful outcomes for residents and communities. The local authority approach was to focus on communities. Within this context he thought the local authority was best placed to lead on health and social care commissioning given its breadth of experience and knowledge. In addition some of the terminology used by the NHS was impenetrable. It was important to talk to communities in a language they could understand. A clear definition was needed at the outset on what would be done differently and what would be achieved. A joint approach would be more effective than a set of different approaches or a top down approach based on structures.
- Dr Tait commented that the organisations involved had far more in common than divided them and whatever the perception was of how organisations approached a task the key challenge was to identify what they could do together by pooling efforts and resources.
- The One Herefordshire executive was focused on integrated system leadership.
- The director of public health commented that as employers and commissioners the organisations could have influence and suggested that a joint inequalities plan might have benefit.
- The DST commented that she considered the NHS long term plan and the move to integrated care systems did have a focus on form rather than function. It was important to be clear about Herefordshire's priorities, identify the barriers to achieving them that needed to be overcome and of ways of doing that whether as individual organisations or collectively.

The chairperson summarised the key points of the discussion as:

- The focus should be on health, wellbeing and the wider determinants of health, rather than narrow health services.
- Prevention should be at every level not just secondary (the NHS).
- Inequalities.
- Accommodating the work of the Children and Young People's Partnership within the One Herefordshire Plan.
- Practical steps that could be taken immediately within organisations as large employers for staff with impact on the health and wellbeing of a considerable amount of the county's population.
- Resilience and empowerment.

- Cultural change - clarity as to the shared benefits, accepting that organisations may have to give up some things for the good of the whole, creating investment in the outcomes.
- What is different in Herefordshire and its communities and the range of needs.
- Identifying the barriers to change that needed to be overcome.

The following year one priority areas had been set out in the report:

- Community resilience – Talk Community
- Integrated primary, community and mental health services - (it was suggested that it was important that rather than being top down this was as seen from the needs of the customer and those providing the service – a right first time solution)
- Urgent care, including frailty, dementia and end of life
- Elective care: musculoskeletal, ophthalmology, dermatology and outpatient redesign
- Digital and population health management

It was noted that expressing matters in simple intelligible language would be important.

It was suggested that prevention was a theme that ran through the whole system, not an add on. Digital and population health management should similarly be viewed as cross cutting themes and reflected accordingly in depicting the priorities. This thinking could be developed during the proposed workshop on the Talk Community project.

**RESOLVED: That the five year strategic plan be included in the board's work programme and informal workshops held on the Talk Community project, and the Children and Young People's Plan – focusing on what the issues faced were, what was being done to address them and any gaps, including the oral health plan.**

## 9. DATE OF NEXT MEETING

The board noted that the next scheduled meeting was on Monday 14 October 2019. Dates of the proposed workshops would be issued in due course.

The meeting ended at 4.36 pm

**Chairperson**