

**MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Wednesday 17 June 2015 at 3.00 pm**

**Present:** Councillor PM Morgan (Chairman)  
Councillor Mrs D Jones MBE (Vice Chairman)

**Councillors:** Prof Rod Thomson, Ms H Coombes, Mrs J Davidson, Mr P Deneen, Dr Andy Watts, Ms J Bremner and JG Lester

**In attendance:** Councillor PA Andrews

**1. TO APPOINT A CHAIRMAN OF THE HEALTH & WELLBEING BOARD**

The Board noted the election of Councillor PM Morgan as Chairman for the Board, pursuant to the decision of Annual Meeting of Council on the 22 May 2015.

**Resolved:** That Councillor PM Morgan be elected as Chairman for the Board.

**2. TO APPOINT A VICE-CHAIRMAN OF THE HEALTH & WELLBEING BOARD**

Dr Watts nominated Mrs Diane Jones as Vice-Chairman for the Board. Mr P Deneen seconded the nomination and Mrs Jones was elected unanimously as Vice-Chairman.

**Resolved:** That Mrs Diane Jones MBE be appointed as Vice-Chairman of the Health and Wellbeing Board for the term of one year.

**3. APOLOGIES FOR ABSENCE**

Apologies were received from Sue Doheny.

**4. NAMED SUBSTITUTES (IF ANY)**

None.

**5. DECLARATIONS OF INTEREST**

Dr Watts registered an interest as a provider of GP Services.

**6. MINUTES**

The Minutes of the Meeting of the 25 March 2015 were noted and approved as a correct record.

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

There were no questions from Members of the Public.

**8. PHARMACEUTICAL NEEDS ASSESSMENT**

The Director of Public Health presented a report on the Pharmaceutical Needs Assessment (PNA). During his presentation, he highlighted the following areas:

- That the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards which had a statutory responsibility to publish it. The primary purpose of a PNA was to guide the commissioning of community pharmacy services and inform the commissioning of services that would deliver the same outcome as 'pharmaceutical services'. PNAs would inform commissioning decisions by local authorities, NHS England and clinical commissioning groups (CCGs).
- The PNA would be issued to NHS England as the main commissioner of pharmaceutical services. A person who wished to provide NHS pharmaceutical services would apply to NHS England and demonstrate they were able to meet the pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.
- This Pharmaceutical Needs Assessment was a reference point for pharmaceutical services and would form part of the Joint Strategic Needs Assessment of the population of Herefordshire.

In the ensuing discussion, the following points were made that:

- Healthwatch Herefordshire was linked into community pharmacies and that this informative document, which laid out a complex landscape, would be a valuable tool.
- the Herefordshire Clinical Commissioning Group (HCCG) was aware of the importance of the dispensing functions of the rural GP practices and that they provided a mutually supportive role, as in some cases it would not be possible to run a primary care service in certain locations without an associated dispensary.
- NHS England should be held to account by the Board for the commissioning of pharmacy services and an item to this end would be added to the Board's Work Programme.

**Resolved: That the publication of the Herefordshire Pharmaceutical Needs Assessment be approved**

## **9. UPDATE ON THE HEALTH AND WELLBEING STRATEGY**

The Director of Public Health presented a report on the Health & Wellbeing Strategy. During his presentation, he highlighted the following areas:

- That there had been significant consultation with a wide range of stakeholders
- That the key vision for the Health and Wellbeing Board was laid out in the document with the three supporting themes. There would be a focus on the first and third of these which were preventative. The nine priorities for the strategy were also included.

In the ensuing discussion it was noted that:

- The HCCG were putting together a medium term strategy, but that there was a need within the NHS for the facility for long term strategies.
- That the collective impact of the document would allow progress to be made with education and police partners and would provide the Board with a mandate for change.

- That this was the document that the Children's Partnership Board would use to deliver its outcomes against.
- That Jo Robbins be thanked for her work on the Strategy

**Resolved:**

**That**

- a) **The Herefordshire Health & Wellbeing Strategy be approved; and;**
- b) **an update on progress be provided to the Board in six months at which time progress on the top three priorities of the Strategy should be considered over three consecutive meetings.**

**10. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) INTEGRATED URGENT CARE PATHWAY PROJECT**

A report on the Clinical Commissioning Groups Integrated Urgent Care Pathway was noted. During his presentation, Dr Watts highlighted the following areas: That:

- the contracts for the GP out of Hours service and the Walk in Centre were up for revision.
- A project had been set up to review all aspects of care prior to admission to hospital in order to ensure that the system as a whole worked together.
- The intention was to conclude the review by April 2016 although it would be possible to make changes to the existing system by creating a co-operative way of working between partners. The intention was to think around the area of urgent care as patients arrived in A&E because their long term care was not operating properly.

During the ensuing discussion, the following points were made:

- The Community Pharmacies would be involved in the pathway and that a Programme Lead was currently being sought.
- That the whole systems, outcome based model was one for which the CCG should be congratulated.
- Support from the Prime Minister's Challenge Fund had allowed practises to move toward seven day working.
- Further development and refinement of the model would be undertaken to achieve the outcomes identified by patients and the public.

**Resolved:**

**That**

- a) **The report be noted; and;**
- b) **an updated report be presented to the Board at its meeting in November.**

## 11. HEALTH PROTECTION UPDATE

The Board received a Health Protection Update report. During his presentation, Professor Rod Thomson highlighted the following areas:

- That NHS England, Herefordshire CCG and Public Health had been working to develop a joint action plan to improve childhood immunisation across the County.
- That MMR booster immunisation rates of children at school age could be improved.
- That cross border work in Wales was important as there was a higher resistance to certain inoculations within the community.
- That the incidents of cervical cancer could be significantly reduced by the HPV vaccination and work was needed with schools and community groups in order to ensure better access for vaccination.

In the ensuing discussion the following points were made that:

- the drop off in MMR vaccination could be improved if there was more emphasis on the vaccination of children in nursery schools. The need for vaccination would be highlighted to parents of children going into Reception classes in the current year
- community nurses could be used as part of the vaccination programme when they visited those with long term conditions, the elderly or the housebound.
- contract monitoring meetings would be used by the CCG in order to help support the vaccination programme

## 12. ENGAGEMENT GATEWAY

A report on the Engagement Gateway was noted. The Forum was now in place to facilitate a more coherent way of communicating messages to the public where there was a common purpose in doing so.

**Resolved: that the Board approve and support the work of the Gateway as part of the close collaboration of agencies working in and across Health and Social care.**

## 13. WORK PROGRAMME

The Board noted its Work Programme.

**Resolved: That the Work Programme be noted**

The meeting ended at 4.30 pm

**CHAIRMAN**