

AGENDA

Health and Wellbeing Board

Date: **Thursday 26 November 2015**

Time: **2.00 pm**

Place: **The Board Room, Wye Valley NHS Trust
Headquarters, Stonebow Rd, Hereford HR1 2ER**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

David Penrose, Governance Services

Tel: 01432 383690

Email: dpenrose@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call David Penrose, Governance Services on 01432 383690 or e-mail dpenrose@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

**Chairman
Vice-Chairman**

**Councillor PM Morgan
Diane Jones MBE**

Councillor JG Lester

**Prof Rod Thomson
Jo Davidson
Paul Deneen
Dr Andy Watts
Jo Whitehead**

Jacqui Bremner

**Martin Samuels
Jo-anne Alner**

Herefordshire Council

**Director of Public Health
Director for Children's Wellbeing
Healthwatch Herefordshire
Clinical Commissioning Group
Herefordshire Clinical Commissioning
Group
Healthwatch representative - Carers
Support
Director of Adults Wellbeing
NHS England**

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive any details of members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests of interest by Members in respect of items on the Agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 15 September 2015.</p>	7 - 12
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive questions from members of the public relating to matters within the Board's terms of reference.</p> <p>(Questions must be submitted by midday eight clear working days before the day of the meeting (i.e., on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))</p>	
6.	<p>CHILDREN'S SAFEGUARDING UPDATE</p> <p>To consider the progress of the safeguarding children agenda plans, milestones and challenges.</p>	13 - 24
7.	<p>HEALTH & WELLBEING STRATEGY MENTAL HEALTH UPDATE</p> <p>To consider progress against mental health priorities within the health and wellbeing strategy.</p>	25 - 34
8.	<p>HEALTH AND WELLBEING STRATEGY - URGENT CARE PATHWAY UPDATE</p> <p>To consider progress in delivery of an integrated urgent care pathway.</p>	35 - 48
9.	<p>HEREFORDSHIRE CHAIRPERSON'S PROTOCOL</p> <p>To comment on the principal of the protocol between the Health and Wellbeing Board (HWBB), Community Safety Partnership (CSP), Children and Young People's Partnership (CYPP), Herefordshire Safeguarding Children Board (HSCB) and Herefordshire Safeguarding Adults Board (HSAB).</p>	49 - 60
10.	<p>APPROVAL OF BETTER CARE DATA SUBMISSIONS - REPORT TO FOLLOW</p> <p>To approve the quarterly better care fund submission.</p>	
11.	<p>HWB WORK PROGRAMME</p> <p>To seek the views of the Board in order to finalise the quarterly forward work programme.</p>	61 - 64

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all 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.
- 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.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- 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.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage). Agenda can be found at www.herefordshire.gov.uk/meetings
- Please note that filming, photography and recording of meetings is permitted provided that it does not disrupt the business of the meeting.
- The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to the Assembly Point which is located in the car park at the front of the building. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 15 September 2015 at 2.00 pm

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

Mrs J Alner, Ms J Bremner, Mrs J Davidson, Mr M Emery, Mr P Deneen, Dr M Mahmood, Mr M Samuels and Dr A Watts

In attendance: Councillor PA Andrews

24. APOLOGIES FOR ABSENCE

Apologies were received from Cllr JG Lester, Prof R Thomson and Mrs J Whitehead.

25. NAMED SUBSTITUTES (IF ANY)

None.

26. DECLARATIONS OF INTEREST

None.

27. MINUTES

The Minutes of the Meeting held on the 21 July 2015 were approved and signed as a correct record.

28. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

29. SAFEGUARDING ADULTS - PROGRESS REPORT

The Board received a report for information on the progress of Making Safeguarding Personal implementation was noted. Initial findings from the second Peer Challenge that the council had been involved in this year had been received; there had been a focus on safeguarding. Whilst significant improvements had been achieved, areas for further work had also been highlighted

In the ensuing discussion, the following points were made:

- That the direction of travel was positive, but focus was required on areas such as agency staff straining
- That a single safeguarding board had been considered, but that this had proved to be challenging for both the Chairman and the Board Members as there were very different legislative basis for safeguarding for children and adults. The unique focus of each Board was an important aspect of their function.
- As all the safeguarding boards were dealing with similar thematic issues, it would be appropriate for them to provide reports to the Health and Wellbeing Board.

Resolved:

That:

- (a) progress against the ongoing safeguarding implementation programme be noted;
- (b) the Safeguarding Improvement Group had been disbanded and reporting on safeguarding adults would be incorporated into performance reporting; and;
- (c) future briefings to the Board would focus on Adult Safeguarding performance, Training and the Business Unit

30. SYSTEM WIDE TRANSFORMATION

The Board received a report on the work of the Transformation Board from the Independent Chair, Transformation Programme Board. During his presentation, the following points were made:

- That when he had taken up the Chair of the Board, the transformation process had become rigid, and the intention was to set up a series of parallel processes to provide tangible changes as quickly as possible
- That there were four concurrent Workstreams that were being undertaken by the Board as part of the first phase of the redesign. These were on Supportive Communities, Community Collaborative, and reviews of both Urgent and Acute Care. Phase 2 would look at ways of bringing these workstreams together.
- That there was a challenge to deliver the outcomes to the different timescales required by the different organisations working within the County. There was a need to change the culture of leadership within these organisations to one of a greater level of mutual trust. The focus was not on structural but on functional change.
- That one of the key issues that would need to be addressed was that of governance and accountability. There was a group of all CEO's of public organisations within the County to which reports would be provided. In order to ensure public accountability, reports would be provided to the Health and Wellbeing Board on a regular basis.

In the ensuing discussion, the following points were made:

- The Chairman of Healthwatch said that the report was encouraging and suggested that Healthwatch be included in order to help facilitate the process.
- That there were opportunities that were not being exploited and a more effective approach to ICT and other areas was required.
- That as a sign of the financial challenges, there was little to indicate the benefits that were being realised. This concern would be addressed.
- It was noted that NHS England would not expect the project to be finalised by the end of March, but would expect to have received the results from phase 1, and a clear robust road map of phase 2.

Resolved:

That

- a) the Transformation Board and the delivery programme report to the Health and Wellbeing Board on a six monthly basis;
- b) the approach undertaken for phase 2 of the Transformation be endorsed;
- c) Healthwatch be invited to be operationally involved in the work of the Board; and;
- d) a clear outline of project milestones be provided to the Board for the next meeting.

31. NHS HEREFORDSHIRE HEREFORD CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS 2016/17

The Board received a report on the context and constraints that were impacting on the development of NHS Herefordshire Clinical Commissioning Group's Commissioning Intentions and this included an outline of the delivery against the previous years stated intentions; the process being undertaken in the development of the current year's intentions and plans and the key priorities and intentions for 2016/17.

In the ensuing discussion, the following points were made:

- That it was important that the Board and the HCCG should work together in order to give consideration to services throughout the County
- That the children's services aspects of the document should give greater focus to early help and troubled families, both areas that fell within safeguarding concerns. An example of this was that maternity services should reference the early years provision.
- That it was important that, as a number of major contracts were coming up for renewal, the services that were commissioned should be fit for purpose in ten years' time.
- That work would need to be undertaken in order to reduce the number of placements under the 'Transforming Care Placements' initiative.

Resolved

That

- a) The Board recognise the quality and financial challenges facing Herefordshire's health and social care system and the process being followed to ensure the CCGs Commissioning Intentions take account of these;
- b) recognise the alignment of the CCGs Commissioning intentions with Herefordshire's Joint Health and Wellbeing Strategy;
- c) additional funding be sought to reduce the number of placements under the 'Transforming Care Placements' initiative, and that this be undertaken under the officer scheme of delegation and;
- d) a summary report on the preventative agenda be submitted to a future meeting of the Board.

32. CARE ACT IMPLEMENTATION

The Committee received a report on progress on the implementation of the Care Act. The Director of Adults & Wellbeing highlighted the following areas:

- That Phase 1 of the Act had come into force in April of this year, represented a complete turnaround in the way that social care operated, with a focus on ensuring the care market was working well with the council.
- The Act included an annual right of review of an individual's assessment, and the implementation of this was still some way off, though the intention was that this would be achieved by the end of the current financial year.
- The changes that had been implemented meant that the Council's operations were within the letter of the law, and further work would need to be undertaken in order to help service users secure the benefits within the spirit of the law.
- That Phase 2 of the Act, to have been implemented in April 2016, had been postponed to 2020 by central Government. This was a significant relief from an operational point of view, as the changes would have involved significant further process redesign and would have resulted in considerable additional cost to the Council.

In reply to a question regarding concerns that there would be a two tier system, he said that there was a requirement that the Local Authority should meet the full market costs of services. The national policy view was that if the Care Act was to be effective, then local fee rates would have to be set at a level sufficient to meet actual local costs. The collective purchasing power of a local authority should be used in order to secure the best price for public funding.

That whilst Herefordshire had successfully supported residents to access the Independent Living Fund Scheme, now that this had been closed as of 30 June, funding had been received to carry services through to 31 March with a 5% reduction. There should be no cost pressure on services as a result, as it was anticipated that any additional costs would be reflected in the Comprehensive Spending Review Settlement.

Resolved: That the report be noted

33. BETTER CARE FUND (BCF) SUBMISSION UPDATE

The Board received a report to retrospectively approve the submission of Herefordshire's Q1 report to NHS England which detailed the current financial and operational performance against the Better Care plan.

Resolved: the Submission was approved.

34. HEALTH & WELLBEING BOARD DEVELOPMENT DAY - UPDATE

The Board received a report on the Board Development day.

Resolved:

That:

- a) **Comments on the report be provided to the Director of Children's Wellbeing;**

b) A further session be arranged, to include members of the Joint Commissioning Board and the Transformation Board

35. ITEM FOR INFORMATION

The Board noted a report for information on the Council's formal response to the consultation on Local Authorities Public Health Allocation 2015-16 in-year savings.

Resolved: That the report be noted

36. WORK PROGRAMME

The Committee noted its Work Programme.

Resolved: That the Work Programme be noted

The meeting ended at 4.10 pm

CHAIRMAN



Meeting:	Health and wellbeing board
Meeting date:	26 November 2015
Title of report:	Children's safeguarding update
Report by:	Head of safeguarding and quality

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To consider the progress of the safeguarding children agenda plans, milestones and challenges.

Recommendation(s)

That the health and wellbeing board review progress and identify any further actions necessary.

Alternative options

1. There are no alternative options as this is an opportunity for the health and wellbeing board to comment on the progress made in children's safeguarding.

Reasons for recommendations

2. To provide assurance that planned actions are delivering improvement.

Key considerations

3. In order to drive improvement, the council has a safeguarding improvement plan. Ofsted has confirmed its satisfaction with the improvement plan and recognise that it provides a robust framework covering all the areas for improvement identified from the inspection in

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

May 2014, and the progress made.

4. Work on the improvement plan is continuous and a presentation highlighting progress and challenges with respect to its implementation is attached at appendix 1. The plan is updated on a quarterly basis and presented to the Herefordshire Safeguarding Children's Board (HSCB) and health and social care overview and scrutiny committee. The health and wellbeing board is receiving this report and presentation for information and to provide assurance.
5. The improvement plan is being revised in order to provide greater clarity about the impact that the work is having on the experiences of children and family and their outcomes.
6. As highlighted in the presentation, it is worth noting:

Positives

- Safeguarding and corporate parenting training has been delivered to all members – including online safeguarding training; further ongoing training will be provided on an annual basis.
- Supervision training is being delivered by advanced practitioners to all new managers and will form part of the first line managers training and development programme which is being developed, along with enhanced induction arrangements.
- A recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups is being considered. A marketing and recruitment post has been created in order to raise the profile of the need for more adopters and foster carers for hard to place children, linked to the Herefordshire Intensive Placement Support Service (HIPSS) project.
- Screening processes in the MASH are now embedded with close to 100% of all contacts received being screened and prioritised on the same working day.
- Improved educational performance for looked after children at key stage 4.

7. Not so positive

- Caseloads in the front line child protection teams are still too high. In order to ease this pressure, additional staffing has been agreed which should reduce caseloads. There has been some restructuring, which took effect in October, to deploy social worker resources more equitably, and the relocation of the court hub within the children in need (CIN) teams will reduce the number of changes of social worker, which has been an issue of concern for children, families and partner agencies.
- Performance in safeguarding and family support remains below expectations, as linked to the high caseloads mentioned above. Initial and core assessment timeliness has been well below target over the last quarter, almost entirely related to staffing difficulties. However, children who become subject to child protection plans are reviewed regularly, and performance is improving with respect to social work visits to these children.
- Work on the transformation of Frameworki has now stopped so that priority can be given to the successful implementation of Mosaic in April 2016. Mosaic is the updated version of Frameworki, and the successful migration to the new system is a major priority project in the next two quarters.

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

- Due to pressures on the safeguarding teams, audit activity is at a minimum level. This is a risk as it means that managers and others have less oversight of the quality and effectiveness of practice. A revised quality assurance framework is being developed to ensure audit activity is appropriately targeted.
- Staff in some teams have raised concerns about the behaviour and culture prevailing in those teams which is not conducive to effective working and practice. These concerns have been thoroughly investigated and a short term task and finish group is implementing some changes to aspects of general management such as induction; case load management and reporting and performance management

Community impact

8. The successful implementation of the improvement plan will bring about further improvement towards achieving the council's priorities of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for children and young people.

Equality duty

9. Equality impact assessments will be carried out where relevant to ensure that due regard is paid to the public sector equality duty as set out below:
 - "A public authority must, in the exercise of its functions, have due regard to the need to -
 - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Financial implications

10. There are no financial implications as this is an progress report.

Legal implications

11. There are no legal implications.

Risk management

12. Risks associated with the failure to implement the improvement plan are:
 - Failure of the council in its aspiration to be operating at an Ofsted 'Good' standard with respect to its safeguarding arrangements by 2016/17, and whilst it is not possible to predict when a further inspection will take place, there would be significant reputational damage to the council of a poor inspection outcome, with consequent impact on our ability to recruit and retain staff, further high caseloads, and children at potential risk of harm.
 - Improving outcomes for our most vulnerable children relies on the council delivering

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

against the recommendations contained within the improvement plan, and achieving our stated corporate objective.

Consultees

- None.

Appendices

Appendix 1 Safeguarding update presentation

Background papers

- None identified.

Health and wellbeing board

Children's safeguarding update
November 2015

Areas for improvement

Positives

- Safeguarding and corporate parenting training has been delivered to all members – including online safeguarding training;
- Supervision training is being delivered to all new managers and will form part of the first line managers training and development programme which is being developed, along with enhanced induction arrangements.

Areas for improvement

Positives

- A recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups is progressing.
- A marketing and recruitment post has been created in order to raise the profile of the need for more adopters and foster carers for hard to place children, linked to the HIPSS project.
- Screening processes in the MASH are now embedded with close to 100% of all contacts received screened and prioritised on the same working day.
- Improved educational performance for looked after children at key stage 4.

Achievements

- Adoption – timeliness, quality of placements and regional approaches
- Fostering – Developing range of placements / kinship hub / HIPSS
- Social work academy – ‘growing our own’ social workers
- Political will and commitment to prioritise children’s safeguarding

Areas for improvement

Challenges

- Caseloads in the fieldwork teams have gone back up. Additional staffing has been agreed, and the relocation of the court hub within the CiN teams will reduce the number of changes of social worker for children and families.
- Performance in safeguarding and family support remains below target linked to high caseloads above. However, children who become subject to child protection plans are reviewed regularly, and performance is improving with respect to social work visits to these children.

Areas for improvement

Challenges

- Work on the transformation of frameworki has stopped and priority given to the upgrade to Mosaic in April 2016, and EDRMS.
- Due to the pressures on the safeguarding teams, audit activity has reduced over the last 2 quarters, albeit thematic audit activity has continued (Kinship, MASH)

Continuing deficits

- Inconsistency in practice – linked to workforce instability
- Evidencing impact on outcomes for children
- Education outcomes for vulnerable groups, including Free School Meals/Pupil Premium at all ages
- Partnership working – embedding of CYPP priorities and Board arrangements
- Children's Centre Services – refine / redesign of targetted service delivery
- Leadership – is the vision clear to all? Is there enough ambition for our children?

Priority areas

- Closing the improvement loop – implementing change
- Organisational culture, behaviour and values
- Workforce stability and quality
- The plan for and impact of early help
- Building trust and confidence in our social care services for children with disabilities
- Addressing challenges for adolescents
- Management of resources



Meeting:	Health & wellbeing board
Meeting date:	26 November 2015
Title of report:	Health and wellbeing strategy – mental health update
Report by:	Programme manager, Herefordshire Clinical Commissioning Group

Classification

Open

Key decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To consider progress against mental health priorities within the health and wellbeing strategy.

Recommendation(s)

THAT:

- (a) **The mental health plans, milestones and challenges identified within appendix 1 are reviewed to assess the degree to which they are achieving the mental health priorities within the health and wellbeing strategy; and**
- (b) **The board identify any additional actions needed to secure improvement.**

Alternative options

- 1 The board is invited to consider whether any alternative or additional actions are necessary.

Reasons for recommendations

- 2 The board is responsible for reviewing whether the commissioning plans and

Further information on the subject of this report is available from
Jade Brooks, Programme Manager on Tel (01432) 383634

arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.

Key considerations

- 3 The health and wellbeing strategy agreed by the board in June of this year identifies as a priority 'mental health and wellbeing and the development of resilience in children, young, people and adults'. The strategy also sets out the intention to commission and deliver:
 - public awareness campaigns on keeping well and using the Five Ways to Wellbeing;
 - large scale programmes on emotional health and wellbeing for children, parents and older people;
 - locality based social networks across Herefordshire that create greater community capacity and support across parish councils, pastoral support networks and the community;
 - a targeted programme for carers and parents during pregnancy and early years;
 - a school based programme on emotional health and wellbeing supported by the local school nursing service;
 - early identification of those people in greatest need or at risk of developing a mental health condition who are supported to build self-confidence and change behaviours;
 - a pathway approach across the life cycle for children's mental health covering prevention and treatment;
 - a workforce trained to support behaviour change based on motivation, identifying those people that are ready to and want to change;
 - new models of integrated care that include prevention and self-help provided more locally at a primary care level; and
 - high quality and accessible hospital care and treatment for those who need it most.
- 4 The joint strategic needs assessment approved in July 2015 identifies that emotional wellbeing and mental health of children is a concern. This is built upon the mental health needs assessment that identified more coordinated input was required to address mental health needs earlier.
- 5 The presentation (attached at appendix 1) identifies the plans, milestones and challenges associated with achievement of the priorities, and the board are invited to review these and identify areas for further focus or additional action.

Community impact

- 6 The health and wellbeing strategy identifies the key priorities for the county; by reviewing the plans for achieving these priorities the board can gain assurance that resources across the health and social care system are being directed in the most appropriate way.

Equality duty

- 7 People with mental health illnesses include people with protected characteristics. All actions in the delivery of the health and wellbeing strategy recognise vulnerable groups and seek to address their needs. For example, a full equalities impact assessment has been conducted as part of the children and young people delivery plan.

Financial implications

- 8 None arising directly from this report. If the board identifies additional actions; regard must be had to the financial implications of delivery.

Legal implications

- 9 This report concerns delivery of the health and wellbeing strategy. This is a requirement of the health and wellbeing board.

Risk management

- 10 Risks to delivery are identified in appendix 1.

Consultees

- 11 None. The consultation is at activity level and involves a wide range of stakeholders appropriate to that action, e.g. people with dementia are involved in the work of the Dementia Partnership.

Appendices

Appendix 1 - presentation.

Background papers

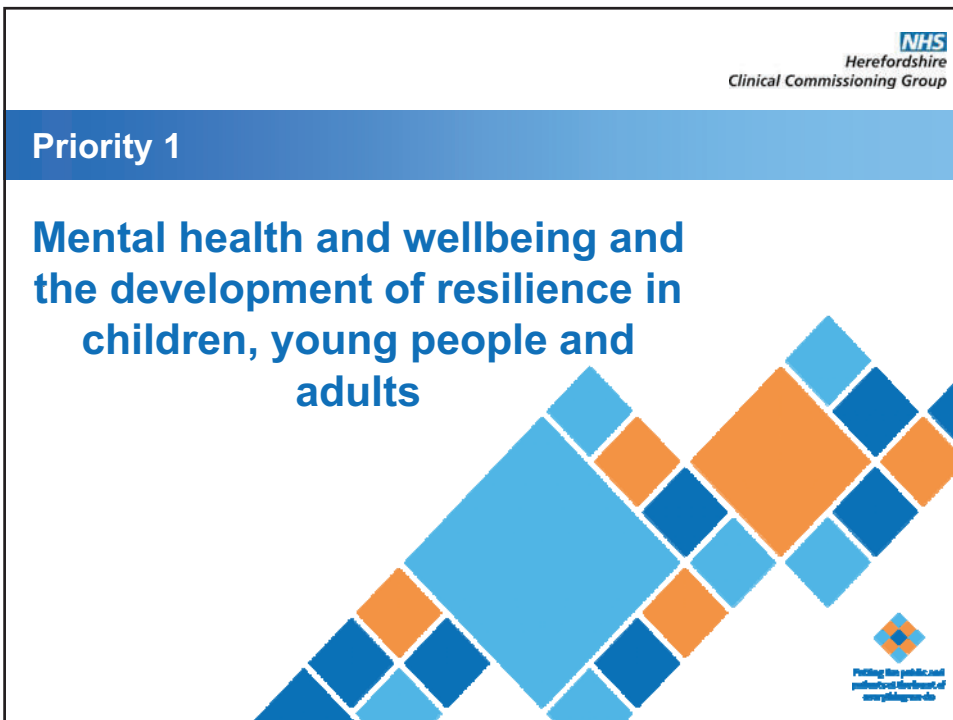
- None identified.

Health and Wellbeing Strategy – Mental Health Update



Priority 1

Mental health and wellbeing and the development of resilience in children, young people and adults



Overview of Areas covered under this Priority

- Public awareness campaigns on keeping well and using the **Five Ways to Wellbeing**;
- large scale programmes on **emotional health and wellbeing** for children, parents and older people;
- locality based **social networks** across Herefordshire that create greater community capacity and support across parish councils, pastoral support networks and the community;
- a targeted programme for carers and parents during **pregnancy and early years**;
- high quality and accessible **hospital care and treatment** for those who need it most;

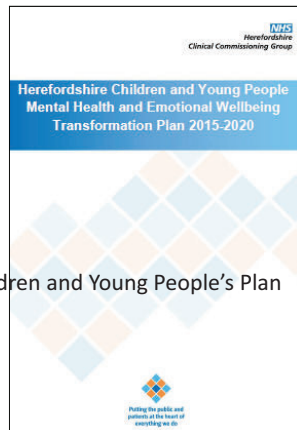


Overview of Areas covered under this Priority (2)

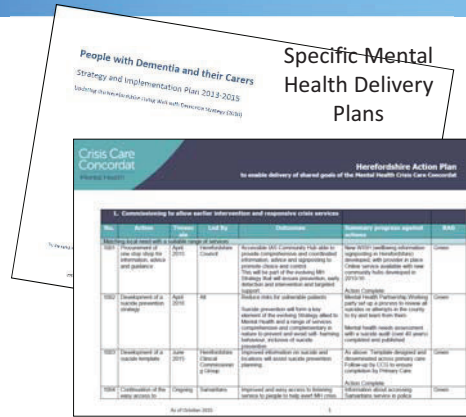
- a **school based programme** on emotional health and wellbeing supported by the local school nursing service;
- **early identification** of those people in greatest need or at risk of developing a mental health condition supported to change that builds self-confidence and behaviour change;
- a **pathway approach** across the life cycle for children's mental health covering prevention and treatment;
- a **workforce** trained to support behaviour change based on motivation, identifying those people that are ready to and want to change; and
- New models of **integrated** care that include prevention and self-help provided more locally at a primary care level.



These Areas link through to Mental Health Plans



Children and Young People's Plan



Specific Mental Health Delivery Plans

All-Age Care Pathway Re-Provision



Brief Overview of Milestones

Action		Action	
Five ways to wellbeing campaign	Ongoing	School based programme	February 2016
Emotional health & wellbeing programme	March 2016	Early Identification (including IAPT)	March 2016
Development of locality social networks	Ongoing	CYP Pathway	Dec 2017
Targeted programme for early years	Dec 2016	Workforce development	March 2016
High quality Hospital care	March 2017	Integrated care	March 2017



Opportunities

- **Dementia Services**
 - Good level of engagement by organisations
- **Re-procurement of mental health services**
 - Programme Board in place
- **Children and Young People**
 - Resources available for the transformation of local provision (£330k)
 - Vibrant partnership in place



Challenges

- Scale of transformation is significant
- Impact will be complex and difficult to measure for some activities
- The benefits are realised longer-term.
- Evidence-based approaches critical to ensuring effectiveness and value for money



Achievements so far

✓ Preventative mental health network in Ross-on-Wye

✓ Range of Dementia services in place

✓ Part of 4th wave CYP-IAPT programme

✓ Joint commissioning plan for CYP

✓ Primary Mental Health & dementia care at primary care level

✓ Additional investment in mental health liaison



Next Steps by March 2016

1. Task & finish group to work on school resources
2. Children's Mental Health Week – 16-22 February 2016
3. Practitioner network & helpline operational
4. CYP –IAPT practitioners start University courses
5. Development of Leominster Meeting Centre (dementia)
6. Continuation of the Ross-on-Wye social network
7. Launch of mental health procurement





Meeting:	Health & wellbeing board
Meeting date:	26 November 2015
Title of report:	Health and wellbeing strategy – urgent care pathway update
Report by:	Chief officer, Herefordshire Clinical Commissioning Group

Classification

Open

Key decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To consider progress in delivery of an integrated urgent care pathway.

Recommendation(s)

THAT:

- (a) the integrated urgent care pathway plans (at appendix 1) are reviewed; and**
- (b) the board identifies any areas for further focus or additional actions to secure improvement.**

Alternative options

- 1 The board is invited to consider whether any alternative or additional actions are necessary.

Reasons for recommendations

- 2 The board is responsible for reviewing whether the commissioning plans and arrangements for the NHS, public health and social care are in line with and have given due regard to the health and wellbeing strategy.

Key considerations

- 3 The health and wellbeing strategy agreed by the board in June of this year recognises the need for multi-agency transformation to secure stronger future service delivery and benefit the residents of Herefordshire. The transformation programme brings together four areas of work: supportive communities; collaborative communities, urgent care and acute care. The transformation programme aims to:
- make better use of our staff, our organisations and our physical assets in our local communities to support local people's health and wellbeing;
 - bring services and programmes for adults and children together where there are inefficiencies and duplication so they are more effective;
 - develop and deliver proactive, large scale preventative programmes together with targeted care that supports self-help, prevention and promotes recovery and resilience;
 - place people and communities at the heart of our plans for integration focusing on GP registered populations;
 - ensure that we deliver co-ordinated, personalised care using the latest technology to enable care and support outside of hospital.
- 4 The presentation (attached at appendix 1) identifies progress to date, and the board is invited to review progress and identify areas for further focus or additional action.

Community impact

- 5 The health and wellbeing strategy identifies the key priorities for the county; by reviewing the plans for achieving these priorities the board can gain assurance that resources across the health and social care system are being directed in the most appropriate way.

Equality duty

- 6 In reviewing the plans, the board should have regard to the need for plans to seek to:
- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Financial implications

- 7 None arising directly from this report. If the board identifies additional actions; regard must be had to the financial implications of delivery.

Legal implications

- 8 The Health and Social Care Act 2012 provides the primary responsibility of health and wellbeing boards to identify the current and future health and social care needs of the local community. The board is acting under this duty by reviewing the current arrangements as identified in the report.

Risk management

- 9 Risks to delivery are identified in appendix 1.

Consultees

10 None.

Appendices

Appendix 1 - presentation.

Background papers

- None identified.

Update for HWBB on Urgent Care Redesign November 2015



The Case for Change (1)

Current Pathway:

- Focused on A and E performance - failing to meet targets
- Inefficient
- Duplication - confusing for local people
- Inequalities in access
- Fragmented - barrier to establishing effective alternatives to A&E/emergency admission



Impact:

- On patients needing Urgent Care
- On patients needing Elective Care

The Case for Change (2)

The development of an integrated urgent care pathway:

- Improve outcomes for patients
- Is a significant part of the solution to the challenges faced by WVT



Opportunity:

- Existing contracts for some elements of the service will expire in 2016/17



What We Have Done: Engagement

Extensive engagement to find views:

- Local people
- Local patients
- Clinicians
- Other stakeholders

About:

- Changes needed in local urgent care services
- Outcomes important to people/patients
- Functions needed to achieve the outcomes



Engagement Findings

More than 540 patient experiences were captured

372.5 hours of co-design work with local communities

A clear mandate for change:

- Focus on community services
- Focus on role of primary care
- Agreed outcomes:
 - To commission against
 - Performance manage *the whole pathway* against



Patient and Public Developed Urgent Care Outcomes

1: I feel informed and clear about available & appropriate urgent care services

People's experience of care fits expectations of knowing where to go to get help and being seen by someone they trust and are helped to get better in the shortest time. ('Right place, right care, right time')
Patients are supported through care at home or as close to home as possible

2: I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues

Patient self reliance through 'how to self care' and where to turn for advice & support
Reduction in patient isolation, the person maintains/develops good social networks in line with their wishes
Carers are included and their support needs recognised
Patients and their carers report they are aware of and engaged in the planning of their care
Slowing the rate of progression of frailty and vulnerability
Enabling people to live confidently, contentedly and feeling safe in their place of choice



Patient and Public Developed Urgent Care Outcomes

3: I feel reassured and happy as a result of my urgent care experience and known and treated like a person by urgent care services

- Patients report that care is joined up
- People feel that they have had continuity of care wherever possible
- The person's individuality and dignity is respected in treatment and professional care

4: I want to be helped, and when I am in need of care it is safe, effective & efficient

- Reduction in the number of adverse events
- Patient satisfaction improved against benchmarks
- Reduction in inequality
- Public resources are used effectively

5: I want to live independently for as long as possible in my home with the best quality of life wherever possible

- Reduction in avoidable mortality
- Reduction in suicides
- Patients return home to live, in the shortest treatment time wherever possible



Update on Pathway Redesign (1)

Outcome Based Contracts

Accountable Lead Provider Approach:

- Deliver the clinical model to improve outcomes
- Deliver a contractual solution – aligning financial incentives

System Pressures:

- Supporting WVT through Special Measures
- Emerging NHSE policy framework – Regional Urgent Care Networks



Update on Pathway Redesign (2)

Different Approach:

- Influence national NSHE policy framework
- Establish local urgent care network – to be renamed!
- Dovetail with Regional Urgent Care Network



Start Delivery

- Refine clinical model
- Focus on implementation of key pathway components



Refinement of the Clinical Model

Workshops with clinicians:

- Strategic roles
- Front line staff

How do we achieve the patient defined outcomes?

Focus on functions not organisations

Test the output with patients and the public – further engagement!



Implementation of Key Components (1)

7 Day working in Primary Care:

- Locality based approach
 - Patients/public viewed *own GP practice* as first port of call for urgent care
 - Equitable access
- PMCF pilot extension – service continuity till 31st March 2016
- Working to agree local models with practices
 - Will be “testing” with local patients and the public
 - Both routine and “urgent” primary care



Implementation of Core Components (2)

Potential Impacts On:

- Minor Injuries Units
- Walk-In Centre

Working this through:

- Capacity analysis:
 - Match provision to need
 - Equitable access
- Sensitivity analysis –impacts on other providers
- Contractual frameworks may limit short term change
- Ongoing engagement - ensure any change mirrors patient voice
- Formal consultation if a significant service change



Primary Care: Looking to the Future

What do we need from Primary Care?

- Currently co-commissioners of primary care – national move to full delegation
- Patient and Public Engagement programme
- All ages
- How can primary care support Herefordshire residents to:
 - Live independently
 - Manage their own health and wellbeing
 - Improve health outcomes
- We need to know what to commission!



Community Services

Community Teams:

- DNAs, physios, OT
- Ongoing programme of work:
 - Realign around GP practice populations
 - Integrate *functions* with Mental Health and Adult Social Care

Intermediate Care and Community Beds:

- Community Hospitals
- Intermediate Care Beds
- Reablement Beds
- RAAC beds



Intermediate Care and Community Beds (1)

Herefordshire Transformation Programme

Critical component of Urgent Care Pathway

We need to know how they can:

- Maximise independence and self-management
- Help reduce emergency admissions
- Facilitate timely hospital discharge

Planning extensive engagement to find views:

- Local people
- Local patients
- Clinicians and front line staff
- Other stakeholders



Intermediate Care and Community Beds (2)

We will:

- Capture views of staff and clinicians
- Test ideas generated by staff and clinicians with patients and carers

Co-production of “options for change”

- “Do nothing” WILL be an option

Formal evaluation of options

Formal consultation if service change is preferred option



In Conclusion

Urgent Care is a Continuum:

- Self care
- Primary care
- Community Services
- Secondary Care



Much to be Done

A lot of engagement to date - more to be done

Formal consultation when appropriate

QUESTIONS?



Meeting:	Health and wellbeing board
Meeting date:	26 November 2015
Title of report:	Herefordshire chairperson's protocol
Report by:	Chair of health and wellbeing board

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To comment on the principal of the protocol (Appendix 1) between the Health and Wellbeing Board (HWBB), Community Safety Partnership (CSP), Children and Young People's Partnership (CYPP), Herefordshire Safeguarding Children Board (HSCB) and Herefordshire Safeguarding Adults Board (HSAB)

Recommendation(s)

That the Board provides comments on the principal of the protocol to enable the protocol to be developed and signed off by the Chairs of the respective Boards.

Alternative options

- 1 To operate without a protocol. This would lead to enhanced risks of failures to work collaboratively with respect to safeguarding our most vulnerable children and adults, with the ultimate risk of loss of life. The potential would also increase for duplication of activities and confusion as to governance and accountability with respect to key safeguarding matters.

Reasons for recommendations

- 2 The Council and its partners are required to have several different partnership boards to oversee specific system wide issues. The Chairs of five of these Boards wish to

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

ensure there is clarity about how the Boards will coordinate their work and cooperate in order to ensure there is effective use of resources, clarity of governance and that partnership work makes an enhanced impact on the effectiveness of practice and impact on outcomes of people in Herefordshire. The attached protocol defines how the CYPP, HWBB, CSP, HSCB and HSAB will work together in the pursuit of safeguarding and promoting the health and wellbeing of children, young people and adults at risk.

3 Having an effective formal working relationship between the five boards/partnerships, the benefits should be:

- An integrated approach to the Joint Strategic Needs Assessment (JSNA) and CSP strategic analysis, ensuring comprehensive and relevant data, including safeguarding data is included in both;
- Aligning the work of the HSCB and HSAB business plans with the HWB Strategy, Children and Young People's Plan and CSP Plan and related priority setting to achieve improved progress with transformation, improvement activity and service change;
- Ensuring safeguarding is everyone's responsibility, reflected in the public health agenda and related determinants of health strategies; together with community safety priorities and the short, medium and long term objectives of the CSP;
- An ability to evaluate the impact of the HWB Strategy, Children and Young People's Plan and CSP Plan on safeguarding outcomes, and of safeguarding on wider determinants of health and community safety outcomes;
- A coordinated approach to communication, learning and improvement, performance management, change and commissioning;
- Cross board scrutiny and challenge and "holding to account": the HWBB, CYPP and CSP for embedding safeguarding, and the safeguarding boards for overall performance and contribution to the improved outcomes set out in the HWB Strategy, Children and Young People's Plan and CSP Plan.

Key considerations

4 At the first quarterly meeting of the chairs of the CYPP, HWBB, CSP, HSCB and HSAB on 7 September 2015, a draft protocol was discussed to enable the five partnerships/boards to work effectively. It was agreed that the chairs of the respective boards/partnerships would take the protocol to the next available meeting for discussion to enable approval.

5 The protocol seeks to clarify the discrete responsibilities of each board. The role of the HWBB in relation to the CYPP, CSP, HSCB and HSAB is as an equal partner and the protocol underpins this principle.

6 The five underpinning principles for all the boards/partnerships are:

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

- Safeguarding is the business of all boards;
 - The boards should know each other's business;
 - A culture of scrutiny and challenge should exist across all the boards;
 - The boards should work together to avoid duplication, and ensure consistency, clarity and best use of resources;
 - Each board should focus on improving outcomes for children, young people and adults, contributing from its own specific perspective.
- 7 There are three strategic plans which inform and influence local commissioning and service delivery, these are:
- Health and Wellbeing Strategy
 - Children's and Young People's Plan
 - Community Safety Plan
- 8 The HSCB and HSAB also produce strategic plans and annual business plans which are informed by local needs analysis as well as the boards' own scrutiny and assurance work. The focus of these plans is on improving and assuring the quality and effectiveness of multi-agency safeguarding work.

Community impact

- 9 With more effective partnership working between the boards, this will assist in achieving the council's priority of keeping children and young people safe and giving them a great start in life and enabling residents to live safe, healthy and independent lives; improving access to learning opportunities at all levels and improved outcomes for children and young people.

Equality duty

1. Equality impact assessments will be carried out where relevant to ensure that due regard is paid to the public sector equality duty as set out below:
- "A public authority must, in the exercise of its functions, have due regard to the need to -
 - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it"

Financial implications

- 10 There are no financial implications as this is a protocol for the boards/partnerships to work effectively together. Better coordination of the work of the Boards should lead to a more efficient use of resources.

Legal implications

11 There are no direct legal implications in this report.

Risk management

11 There are no risks associated with the implementation of the protocol, as its development is itself in mitigation to existing risks of either duplicative and contradictory activity with respect to safeguarding matters, or the potential for strategic safeguarding issues to be missed with the respective boards effectively deferring responsibilities to each other.

Consultees

12 Chairs of the HSCB, HSAB, CSP, HWBB, CYPP.

Appendices

Appendix 1 - Herefordshire protocol between HWBB, CSP, CYPP, HSCB and HSAB

Background papers

- None identified.



HEREFORDSHIRE PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD, COMMUNITY SAFETY PARTNERSHIP, CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP, LOCAL SAFEGUARDING CHILDREN BOARD AND ADULT SAFEGUARDING BOARD

1. Introduction

- 1.1 This protocol defines how the Herefordshire Children and Young People's Partnership (CYPP), Herefordshire Health and Wellbeing Board (HWBB) and the Herefordshire Community Safety Partnership Board (CSP) work together with the Herefordshire Safeguarding Children Board (HSCB) and the Herefordshire Safeguarding Adults Board (HSAB) in the pursuit of safeguarding and promoting the health and wellbeing of children, young people and adults at risk.
- 1.2 The specific functions of each Board are set out in their respective Terms of Reference. This protocol sets out the principles underpinning how the five Boards work across their defined remits, how communication and engagement will be secured across the Boards and the practical means by which effective co-ordination and coherence between the Boards will be secured.
- 1.3 The role of the HSCB and HSAB in relation to the CYPP, HWBB and the CSP is one of equal partners underpinned by this protocol. However, the Safeguarding Boards have a distinct function to influence and assure as well as to challenge and hold partners to account for their work to safeguard children, young people and adults at risk, as set out in statute. This is promoted by the protocol.

2. Principles

- 2.1 This protocol seeks to clarify the discrete responsibilities of each Board. Its focus is on ensuring that the following simple principles underpin how the five Boards should operate:
 - Safeguarding is the business of all Boards;
 - The Boards should know each other's business;
 - A culture of scrutiny and challenge should exist across all the Boards;
 - The Boards should work together to avoid duplication, and ensure consistency, clarity and best use of resources;

- Each Board should focus on improving outcomes for children, young people and adults, contributing from its own specific perspective.

3. Board Functions

3.1 The Health and Wellbeing Board

3.2 Health and Wellbeing Boards (HWBBs) were established by the Health and Social Care Act 2012. They are a forum where key leaders from the health and wellbeing system work together to improve the health and wellbeing of their local population and reduce health inequalities.

3.3 Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. This includes overseeing the completion of the Joint Strategic Needs Assessment (JSNA), which identifies the needs of the local population, and of the Joint Health and Wellbeing Strategy, which guides and informs the commissioning of local services by the partners on the Board. As a result, residents and services are better able to understand how they can promote and protect their own wellbeing and patients and the public should experience more joined-up services from the NHS, local councils and the wide range of community, voluntary sector and private providers.

3.3 The HWBB agrees its top priorities on an annual basis and these can be found at **XXX**.

3.4 The Children and Young people's Partnership

3.5 Herefordshire Children and Young People's Partnership (CYPP) oversees the delivery of the Health and Wellbeing Strategy priority in relation to children and young people. The Partnership is a combination of commissioners and providers who are responsible for developing and promoting a child and family-centred outcome-led vision. The vision, priorities, activity and intended impact of the Partnership are set out in the Children and Young People's Plan.

3.6 The Plan is intended to promote strong joint planning and effective commissioning of services. It therefore identifies the priorities for children and young people, clearly informed by their views and those of their parents/carers and a comprehensive needs analysis, informed by the JSNA.

3.7 The Children and Young people's Plan for 2015 – 18 can be found at **XXX**.

3.8 The Community Safety Partnership Board

3.9 Community Safety Partnerships (CSPs) are statutory bodies under the Crime and Disorder Act 1998 and made up of representatives from the police, local authorities, fire and rescue authorities, probation service and health. The CSP ensures agencies work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like crime, domestic abuse, antisocial behaviour, substance misuse and offending behaviour. The CSP annually assesses local crime priorities and consults partners and the local community about how to deal with them. The annual community safety needs assessment can be found at [XXX](#).

3.10 The above three boards have a much wider focus than safeguarding; however these boards must ensure that there is appropriate commissioning and provision of services which have an impact on reducing safeguarding risks or on addressing the impact of safeguarding concerns on individuals and communities.

3.11 Herefordshire Safeguarding Children Board

3.12 As set out in the Children Act 2004, the Herefordshire Safeguarding Children Board (HSCB) is the statutory body for agreeing how organisations co-operate to safeguard and promote the welfare of children and young people and for ensuring the effectiveness of what they do. The HSCB is chaired by an Independent Chairperson and has a key role to scrutinise and challenge safeguarding performance.

3.13 The HSCB does not commission or deliver direct frontline services though it does provide training. While the LSCB does not have the power to direct other organisations it does have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

3.14 The Herefordshire Safeguarding Adult Board

3.15 Herefordshire Safeguarding Adult Board (HSAB) is a statutory partnership board as per the requirements of the Care Act 2014. The overarching purpose of the HSAB is to help and safeguard adults with care and support needs. The HSAB must lead adult safeguarding arrangements across the County and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The HSAB is chaired by an Independent Chairperson and has a key role to scrutinise and challenge safeguarding performance. Whilst not a commissioning body, it should concern itself with a range

of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health;
- The safety of adults with care and support needs living in social housing;
- Effective interventions with adults who self-neglect, for whatever reason;
- The quality of local care and support services;
- Making connections between adult safeguarding and domestic abuse.

4. Communications and Engagement

4.1 Everyone has a responsibility for safeguarding, whether commissioner, statutory provider, third party provider, voluntary or community group or advocate.

4.2 All key strategic plans, whether they are formulated by individual agencies or by partnerships, should include safeguarding as a cross-cutting theme to ensure that existing strategies, commissioning plans and service delivery, as well as emerging plans for service change and improvement, include effective safeguarding arrangements that ensure that people in Herefordshire are safe and their wellbeing is protected.

4.3 **The three main strategic plans are:**

- The Health and Wellbeing Strategy;
- The Children and Young People's Plan
- The Community Safety Plan.

4.4 The above plans inform and influence local commissioning and service delivery. The two Safeguarding Boards also produce strategic plans and/or an annual business plan; these are informed by local needs analysis as well as the Boards own scrutiny and assurance work. These plans relate to the delivery of the Board's statutory functions including improving the quality of safeguarding arrangements through embedding local and national learning.

- 4.5 In drawing up, delivering and evaluating these strategies and plans, there should be effective interchange between the HWBB, CYPP and the CSP, and with the two Safeguarding Boards.
- 4.6 To ensure this happens, there should be formal interfaces with the Safeguarding Boards at key points including:
- The development of needs analyses that drive the formulation of the annual priorities of the Health and Wellbeing Strategy, the Children and Young People's Plan the Community Safety Plan and the two Safeguarding Boards' Business Plans. These need to be reciprocal in nature ensuring that the Safeguarding Boards' needs analyses are fed into the Joint Strategic Needs Assessment (JSNA) and strategic assessment for the CSP and that the outcomes of the JSNA and CSP strategic assessment are fed back into Safeguarding Boards' planning;
 - The development and finalisation of the plans to ensure the priorities are appropriately aligned and the activities and resources available are marshalled.
 - Annually reporting evaluations of performance on plans to provide the opportunity for reciprocal scrutiny, challenge and support and to enable all Boards to feed improvement and development needs into the planning process for future years' strategies and plans.
- 4.7 By having an effective formal working relationship between the five boards, the benefits should be:
- An integrated approach to the JSNA and CSP strategic analysis, ensuring comprehensive safeguarding data is included in both;
 - Aligning the work of the HSCB and HSAB business plans with the HWB Strategy, Children and Young People's Plan and CSP Plan and related priority setting to achieve improved progress with improvement activity and service change;
 - Ensuring safeguarding is everyone's responsibility, reflected in the public health agenda and related determinants of health strategies; together with community safety priorities and the short, medium and long term objectives of the CSP;
 - An ability to evaluate the impact of the HWB Strategy, Children and Young People's Plan and CSP Plan on safeguarding

outcomes, and of safeguarding on wider determinants of health and community safety outcomes;

- A coordinated approach to communication, learning and improvement, performance management, change and commissioning;
- Cross Board scrutiny and challenge and “holding to account”: the HWBB, CYPP and CSP for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the improved outcomes set out in the HWB Strategy, Children and Young People’s Plan and CSP Plan.

5. Practical Arrangements to Secure Co-ordination

5.1 The following arrangements detail the effective co-ordination and coherence in the work of the five Boards.

5.3 Each quarter, the chairs and statutory officers of the 5 Boards will meet to ensure the coordination of leadership, the coherence of respective plans and to consider the strategic risks facing children, young people, families, adults at risk and communities.

6 Relationships between the Safeguarding Boards

6.1 There should be equally effective co-ordination and coherence between the two safeguarding boards. Effective cross-working, scrutiny and challenge between the Safeguarding Boards and the sub-groups will be achieved by:

- Sharing annual plans during the formulation stages to enable co-ordination and coherence where there are overlaps in business.
- Ensuring that there is cross-Board representation to secure on-going communication.
- Working jointly on safeguarding initiatives that impact on both children and adults.

7 Implementation and Review

7.1 The Business Unit and HSCB and HSAB Chairpersons will have a lead role in ensuring that the protocol is implemented in practice. They will be supported by Director of Children’s Services and the Director of

Adults Wellbeing who sit on the CSP, CYPP and HWBB as well as the relevant Safeguarding Board.

7.2 The protocol will be agreed at full Board meetings of:

HWBB on

CSP on

CYPP on

HSAB on

HSCB on

7.3 This protocol will be reviewed annually to ensure it remains up to date with changing policy and guidance.

Signed	Designation
	Chair of Health and Wellbeing Board
	Chair of Children and Young People's Partnership
	Chair of Community Safety partnership
	Independent Chair of Herefordshire Safeguarding Children Board
	Independent Chair of Herefordshire Safeguarding Adult Board



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	26 November 2015
TITLE OF REPORT:	Health and Wellbeing Board Work Programme
REPORT BY:	Director of Children's Wellbeing

1. Classification

Open.

2. Key Decision

This is not an executive decision.

3. Wards Affected

County-wide.

4. Purpose

To seek the views of the Board in order to finalise the quarterly forward work programme.

5. Recommendation

That subject to any amendments made by the health and wellbeing board, the work programme for the remainder of 2015-16 be agreed.

6. Appendices

Appendix 1 – HWB outline work programme.

7. Background Papers

None identified.

HEALTH AND WELLBEING BOARD

WORK PLAN 2015/2016

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

November 2015

DATES	BOARD MEETINGS
20 January 2016	<ul style="list-style-type: none"> • Progress report on the Engagement Gateway • Health and Wellbeing Strategy - For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children. • BCF Submission Update • Care Act Implementation
23 March 2016	<ul style="list-style-type: none"> • Local Authority Adults and Children’s Well Being Commissioning Plans 2016/17 • Health and Wellbeing Strategy - For older people – quality of life, social isolation, fuel poverty • CCG Commissioning Plans 2016/17 • Public Health Annual Report • Update on the HCCG integrated urgent care pathway project
May 2016	

