

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 17 January 2012 at 4.00 pm

Present: Councillor PM Morgan (Chairman)

Dr S Aitken, Ms J Bremner, Mr P Brown, Mrs J Davidson, Mrs C Keetch and Mrs J Newton, DR I Tait, Mr D Taylor

Also in attendance: Superintendent C Hill

In attendance: Councillors JLV Kenyon and PJ McCaull
Officers: S Collings (Associate Director of Information – NHS Herefordshire)
P Granthier (Head of Commissioning (Children’s Services)), B Hanford - West Mercia Director of Finance & Chief Finance Officer, Dr A Merry (Consultant – Public Health and Dental Public Health), C Wichbold MBE (Grants and Partnership Officer), and T Brown (Democratic Services).

23. APOLOGIES FOR ABSENCE

Apologies were received from Mr C Bull, Dr A Watts and Mr M Woodford.

24. NAMED SUBSTITUTES

Dr I Tait substituted for Dr A Watts and Mr D Taylor for Mr C Bull.

25. DECLARATIONS OF INTEREST

There were none.

26. MINUTES

RESOLVED: That the Minutes of the meeting held on 18 October 2011 be confirmed as a correct record and signed by the Chairman.

27. ALCOHOL HARM REDUCTION STRATEGY - UPATE

The Board was invited to note progress and next steps in developing the Alcohol Harm Reduction Strategy.

The Consultant in Public Health & Dental Public Health presented the report.

In discussion the following principal points were made:

- That having undertaken considerable work to assess need it was essential that the Strategy due to be presented to the Board in March contained an action plan setting out clearly defined outcomes and the benefits that would result.
- It was also emphasised that there needed to be a focus on delivery. There was a tendency for action plans to set out numerous outcomes that were aspirational and not

delivered. There was merit in selecting three key actions and ensuring that these were delivered.

- It was noted that the Herefordshire Partnership Executive Group had been working on community budgets to establish what additional action was possible through joined up working. It was suggested that the proposed action plan should take account of locality budgeting.
- It was noted that the single, unified Strategy would be developed on the basis that pooled resources from Partners would contribute to the shared aims.
- That consideration should be given to how to assess the extent to which the Board's system leadership had achieved better outcomes.

RESOLVED: That progress made to date in bringing workstreams together and next steps in developing a single, unified Alcohol Harm Reduction Strategy for Herefordshire be noted.

28. HEREFORDSHIRE'S CHILD POVERTY STRATEGY 2011-2015

The Board considered the Child Poverty Strategy.

The Head of Commissioning (Children's Services) presented the report inviting comments from the Board prior to the Strategy's submission to Cabinet.

She emphasised the importance of developing the Strategy, noting that the most recent statistical information was for 2009 and showed an increase in those living in poverty compared with 2008. There was every reason to expect that in the current economic climate the numbers living in poverty would continue to increase. There were also huge differences between geographical locations in the County. She drew attention to an extract from a Government Statement from 2010 on the detrimental effects of poverty.

In discussion the following principal points were made:

- Members of the Board made a number of observations on the Strategy as set out in the resolution below.
- It was observed that there was plentiful information available demonstrating where issues needed to be addressed. Co-ordinating efforts by Partner agencies, and for example providing a single lead professional as a point of contact for each relevant family along the "no wrong door approach" being developed in localities, would have a greater impact. This was an area where the Board could make a significant contribution.
- It was also noted that improved information sharing between partners remained key. Whilst a number of protocols had been developed between partners there was still a reluctance to share information to the necessary extent between individual partners and between all partners as a whole. Information sharing was essential to the development of the Integrated Needs Assessment. It was proposed that the Herefordshire Partnership Executive Group should be requested to consider information sharing arrangements as a matter of priority.
- It was confirmed that schools had been engaged in the development of the Child Poverty Strategy and further work was being undertaken to develop engagement.

- The need for the Board to focus on a few key actions and ensure their delivery, without neglecting its overall role, was again emphasised.

RESOLVED:

That (a) the following observations be made on the Child Poverty Strategy:

- **the Strategy should include reference to the third sector as one of the main partners for delivery and sources of information;**
 - **the Strategy should include reference to the police service and the probation service as key partners for delivery and sources of information;**
 - **the Strategy should refer to the importance of income maximisation and the association between disability and low income;**
 - **The Strategy should highlight the importance of seeking legal advice on debt management;**
 - **The Strategy should include reference to the importance of childhood oral health and access to dental care; and**
 - **The importance of access to Services, recognising the costs of travel for the rural population;**
- (b) a progress report be requested from the Children and Young People's Forum on the key priorities upon which they considered most effort should be focused to deliver measurable improvement in 2012/13;**
- (c) HPEG be requested to consider information sharing arrangements as a matter of priority, noting their importance to the development of the Integrated Needs Assessment; and**
- (d) it be confirmed that the Board members are key leaders in ensuring the Strategy is considered in all aspects of Herefordshire Public Services work and in enabling delivery of the Strategy.**

29. HEREFORDSHIRE HEALTH-CARE COMMISSIONING CONSORTIUM - SYSTEM PLANNING

The Board received presentations on the development of the 2012/13 system plan from the West Mercia Director of Finance & Chief Finance Officer and the Associate Director of Information – NHS Herefordshire.

Copies of the presentations have been placed on the Minute Book.

In discussion the following principal points were made:

- The importance of focusing on the whole health and social care system (both clinical and non-clinical) including public health was emphasised. It was confirmed that the Clinical Commissioning Group fully recognised this point.

- That there needed to be a clear shared understanding of when significant decisions would need to be taken during the commissioning cycle in the forthcoming year. The commissioning proposals would need to be consistent with the Integrated Needs Assessment.
- That it was important amidst the high level discussion of strategies to retain a focus on making a difference and taking every opportunity to work together effectively.
- That the West Mercia Cluster recognised that Herefordshire faced the most significant demographic and financial challenges within its area. It also recognised that the scope for commissioning change depended on the resources available.
- That rather than having three separate commissioning processes for a patient, working together would bring efficiencies.
- The Older Peoples Plan would need to set out what it was proposed to achieve and how everyone could make their contribution. The Plan would need to be considered by the Board to enable it to exercise its system leadership role as required.
- That it was important to simplify everything as far as possible.

The Board noted that further reports would be made on these issues.

30. PUBLIC HEALTH TRANSITION UPDATE

The Board received an update on action to implement the Public Health reforms for Herefordshire.

The Director of Public Health reported that a number of policy documents essential to undertaking detailed transition planning were unavailable. Information was also awaited on what the public health budget would be and the outcomes framework.

The Board considered that the absence of guidance on the transfer of public health responsibilities to local authorities, was not helpful and representations should be made to the Chairman of the West Mercia PCT Cluster on this significant matter.

RESOLVED: That representations should be made to the Chairman of the West Mercia PCT Cluster expressing the Board's concern about the absence of guidance on the transfer of public health responsibilities to local authorities.

31. HEALTH AND WELLBEING STRATEGY 2012/13 ENGAGEMENT PLAN

The Board noted that Inlogov would be facilitating work between the Board, Clinical Commissioning Consortium and Commissioning leads in the Council to produce the Integrated Needs Assessment.

It was suggested that it would be useful to identify some real case studies as a practical way of testing whether actions of the Board were having an effect. It was agreed that Members of the Board should be invited to provide suitable case studies.

RESOLVED: Members of the Board should be invited to provide suitable case studies relating to the Board's three priority areas (Children, alcohol and older people) that could be used to inform the Integrated Needs Assessment and would enable the Board to test the effectiveness of service delivery and the difference actions of the Board were making.

32. HEALTH AND WELLBEING BOARD WORK PROGRAMME

The Board noted the Work Plan.

33. FUTURE MEETINGS

The Board noted the list of scheduled meetings.

The meeting ended at 6.20 pm

CHAIRMAN