

**MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 15 July 2014 at 3.00 pm**

**Present:** Councillor GJ Powell (Chairman)

Mr R Beeken, Ms H Coombes, Mrs J Davidson, Mr P Deneen, Mr R Garnett, Mrs C Keetch, Councillor JW Millar, Mr A Neill and Supt S Thomas

**46. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Ms J Bremner, Mr S Clee and Dr A Watts.

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

None.

**48. DECLARATIONS OF INTEREST**

None.

**49. MINUTES**

The Minutes of the meeting held on the 20 May 2014 were approved and signed as a correct record.

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

None.

**51. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD BUSINESS PLAN**

The Board received a report on the Herefordshire Safeguarding Children Board Business Plan. The Independent Chairman highlighted the following areas:

- That the plan outlined the priorities through 2013-14 for the Safeguarding Board. Three Action Areas had been fully implemented through the year, whilst a number were yet to be fully implemented and one was 'RAG' rated red. Details were outlined in the appendix to the document.
- That training of Board members was an Action Area, as there were members with a wide variety of safeguarding experience, but it was not possible to insist that members should undertake e-learning modules. Training would be provided for Early Help, Child Protection and the governance role of a Board Member.
- That the plan was monitored on a monthly basis, but that there had been delays in finalising it as a result of the recent Ofsted inspection.

**RESOLVED:**

**That:**

- a) The members of the Herefordshire Safeguarding Children Board be expected to undertake training in order to ensure the efficient functioning of the Board; and;
- b) That an updated report on the Business Plan should be brought back to the Board in 2015.

## 52. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP 5 YEAR PLAN

The Board received a report on the Hereford Clinical Commissioning Group's 5 year plan. In her presentation, the Accountable Officer, Herefordshire Clinical Commissioning Group (HCCG) highlighted the following issues:

- That the Board had received the first iteration of the HCCG's 5 Year Plan on 26 March 2014 and that a number of Health and Wellbeing representatives had supplied feedback on the plan.
- The HCCG continued to engage voluntary and third sector representatives to ascertain their views. Running concurrently to this the System Leaders of Health (Commissioner & main Providers) and the Local Authority attended a number of workshops to agree the principles of a system-wide transformational change programme.

Key Features of the Five Year Strategic Plan were the CCG's Two Year Plan, the development of a strategic transformational programme involving Health (Commissioner and Providers) and the Council. Within this programme four Key Work streams had been identified; Supportive Communities, Community Collaborative, Planned Secondary Care and Urgent Care across all ages (Children & Adults) encompassing Physical and Mental health.

In the ensuing discussion, the following points were made:

- That as the HCCG was required to update the Better Care Fund Submission, there was an opportunity to update the more technical aspects of the five year plan.
- That it was necessary to be clear about the scale of the challenge that was faced, as Together, HCCG, NHS England, other Commissioners and the Local Authority had a combined expenditure of about £413m within Herefordshire. The HCCG and Social Care had estimated required savings of approximately £63m between the joint health and care budget and actual expenditure requirements over the coming five years. In addition, providers had an additional efficiency saving requirement of circa £52m over the same period.
- That in order to accommodate the planned increase in population in the County, discussions had been held to consider the impact of a larger population on the health services. The issue had been raised with the Planning Department, and discussions held around the Core Strategy in order to ensure that pharmacies and GP surgeries were involved in the planning process. The size of the HCCGs funding was based on the size of the population it served.
- That the impact of service changes in Wales was being considered.

**RESOLVED: That the report be supported.**

### **53. OFSTED REPORT ON THE INSPECTION OF HEREFORDSHIRE COUNCIL'S CHILDREN'S SERVICES**

The Board received a report on Ofsted's report of the Inspection of Herefordshire Council's services for children in need of help and protection, looked after children and care leavers and the Review of the effectiveness of the local safeguarding children board, undertaken from the 29 April 2014 to 21 May 2014.

During her presentation, the Director of Children's Wellbeing highlighted the following issues:

- That the Adoption Service had been rated as good was an excellent sign. The Service was a very important element, and was a good test as to the health of the rest of the Child Protection system.
- That there morale had improved across the system. It had been a matter of pride that there the Ofsted report had not held any surprises for the services.
- That there was a trend of improvement in safeguarding
- That the Multi Agency Safeguarding Hub had suffered from an unsteady start, and a different approach would be taken to such collaborations in the future.
- The Improvement Plan would address weaknesses and build on and magnify the strengths. The improvement plan, and submit it to OFSTED in September.
- That the Council was still under an Intervention Notice, and there would be a review by the Department of Education with a view to getting the notice lifted in January 2015.

**RESOLVED: That the report be noted**

### **54. UPDATE ON THE CARE ACT 2014**

The Board noted a briefing on the Care Act 2014.

### **55. UPDATE ON THE BETTER CARE FUND SUBMISSION**

The Board received an update on the Better Care Fund (BCF) Submission. It was noted that recent correspondence from the Department indicated a significant shift in how the BCF would change the funding flow between the Local Authority and partner agencies. Health and Wellbeing Boards would be expected to propose their own performance targets in areas such as emergency admissions.

The changes offered an opportunity for the Board to consider various areas such as public health levels in the county, issues around under 18 drinking, and emergency admissions. Conversations could be held around all these areas, and appropriate commissioning of services undertaken.

During the ensuing conversation, the following points were made:

- That the BCF principle had originally envisaged a reduction in emergency admissions of 15% as a national balancing figure. It would allow better management of admissions if this was removed, and NHS Trusts were allowed to create their own models. It should also be noted it was a target that merely addressed A&E admissions, and not attendance.

- That there was no additional money in the system for Health and Social Care as a result of these changes.
- That it was important that the Board should continue to work together to ensure that problems could be resolved.
- That a whole system approach to leadership was needed and a determined effort should be made to explain the Health and Social Care landscape.

**RESOLVED: That the report be noted**

**56. WORK PROGRAMME**

The Board noted its Work Programme.

The meeting ended at 5.00 pm

**CHAIRMAN**