

**MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Wednesday 28 January 2015 at 2.30 pm**

**Present:** Councillor GJ Powell (Chairman)  
Mrs D Jones MBE (Vice Chairman)

**Board Members:** Ms J Bremner, Ms H Coombes, Mrs J Davidson, Mr P Deneen, S Doheny, Councillor J Millar and Dr A Watts

**83. APOLOGIES FOR ABSENCE**

Apologies were received from Mrs J Whitehead.

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

None.

**85. DECLARATIONS OF INTEREST**

None.

**86. MINUTES**

The Minutes of the meeting held on the 18 November 2014 were approved and signed.

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

None.

**88. 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.**

**89. HEALTH AND WELLBEING STRATEGY AND IMPLEMENTATION FOR HEREFORDSHIRE**

The Interim Consultant in Public Health presented a report on the Health and Wellbeing Strategy. In the ensuing discussion the following points were raised:

- The three themes which included a focus on prevention and wellbeing, a recognition of the role of the voluntary sector and an emphasis on self-help and self-care.
- That seven priorities had emerged from consultation, but it would not be possible to undertake work on all seven immediately, hence the need for prioritisation.
- That independent providers should also be engaged as part of the consultation process in order to ensure that they were not disenfranchised.

- That there was an opportunity for care workers to engage the housebound as part of their rounds, so district nurses and practitioners should be involved in this process.

**Resolved: That a further report be brought to the next meeting.**

## 90. HEALTH PROTECTION COMMITTEE REPORT

*(Dr Watts declared an interest as a provider of child immunisation)*

The Committee received a report from the Consultant in Public Health on the health protection services in Herefordshire. The following points were highlighted during the subsequent debate:

- That as the Health Protection Committee met on a quarterly basis, consideration could be given to bringing a regular report from the Committee to the Board.
- That take-up of childhood immunisation, particularly the MMR vaccine, was still an issue in the County. The same was true for flu immunisation rates, particularly amongst pregnant women.
- That the Breast Screening Coverage target had been achieved and that whilst the Cervical Screening Coverage target had not been met, performance was higher than the West Midlands average.
- That the suspected Ebola outbreak had highlighted concerns as to how that sort of situation should be handled, and a debriefing session had laid out a number of recommendations for various organisations. Implementation of these would be monitored by the Multiagency Silver Group.
- That the childhood immunisation statistics were a matter for concern, and it was suggested that the federated GP organisation should have a meeting with Public Health in order to ask them to self-declare the information concerning immunisation. It was pointed out that information governance rules had changed within the NHS after the Primary Care Trusts had been abolished.
- That recommissioning of services and pathways would allow greater choice as to how people accessed the sexual health and immunisation services.
- The Director of Adults Wellbeing said that the resilience of the emergency planning model and action plan would need to be monitored and tested, and suggested that the Minutes of the Emergency Planning Committee should be brought to the Board on a regular basis.

**Resolved: That the report be noted.**

## 91. DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18

The Committee received a report on the development of the Children and Young People's Plan 2015 – 18. Dr Henri Giller, who was working with the Children and Young People's Partnership to create a new plan for Herefordshire, highlighted the following areas:

- That the Children and Young People Plan would be integrated into the functions discharged by the Health and Wellbeing Board.

- That the plan would run from May 2015-2018, and would provide an opportunity to build partnership working within the priorities of the Health and Wellbeing Board.
- There were a number of issues that needed consideration, and these included key and locality infrastructure, a refresh of case holding responsibilities and a review of joint commissioning arrangements to reflect the partnership needs.
- Clarity was required in the area of governance, and especially with regard to business support by the partnership and when the strategic plan cut across joint partnership areas.
- That six priority need areas were being considered and a robust draft plan would be produced for these areas following consultation.

The Assistant Director, Education and Commissioning tabled the Disabled Children Charter. After a brief discussion, it was agreed that the Health and Wellbeing Board would sign up to this Charter.

**Resolved:**

**THAT:**

- (a) The children's integrated needs assessment be noted; and**
- (b) progress being made with the development of the children and young people's plan be noted.**

## **92. BETTER CARE FUND SUBMISSION**

The Board received a report on the Better Care Fund Plan Submission and Delivery Plan Report, delivered on 9<sup>th</sup> January 2015. The following areas were discussed:

- The funding contributions from the Herefordshire Clinical Commissioning Group (HCCG) and the Local Authority into the BCF pool. Whilst the creation of an additional pool that would manage the Care Home market had the potential to deliver savings, there were challenges in working with the market to release those savings.
- Outcomes based commissioning would be undertaken for Care Homes as the intention was to move to a market where support was provided within the community and people were kept at home as much as possible. These were bold and ambitious schemes, and the intention was to change community health services by 1 April 2015. The Board should be clear delivery was possible by this date, because if milestones were missed, the process would struggle to catch up.
- That the overarching governance arrangements would ensure that the BCF schemes were anchored within the joint commissioning arrangements, and would bring clinicians, consultants and Public Health together. The key to the structure was the Joint Commissioning Board, which would be answerable to both the HCCG and the Local Authority. Whilst there were areas of focus that the Board would need to consider as part of this process, the managing role would be undertaken by the Joint Commissioning Board.

**Resolved:**

**That:**

- (a) The plan that was agreed using the delegated power agreed by the Board on 16<sup>th</sup> October 2014 be approved;**
- (b) the Performance Management and Governance arrangements for the BCF be approved;**
- (c) the national assurance process and feedback be noted;**
- (d) the delivery arrangements for BCF be agreed; and**
- (e) the BCF Briefing Note be approved for circulation to all Local Authority elected members and Health and Wellbeing Board key stakeholders.**

### **93. MENTAL HEALTH CRISIS CONCORDAT**

*(Mr P Deneen declared an interest as he had undertaken work for the Police and Crime Commissioner)*

The Board received a report on the progress made against the Governments guidance document 'Mental Health Crisis Care Concordat, improving outcomes for people experiencing mental health crisis care'. In the ensuing discussion the following points were made:

- That issues associated with carers were not being listened too, and a conversation was needed with the 2gether NHS Foundation Trust in order to ensure that crises for carers could be averted. Agencies should ensure that they were aware of issues such as this, and clarity was needed as how agencies worked together to ensure that no problem areas were missed.
- That consideration should be given to ensuring that the Section 136 suite adjacent to the Stonebow Unit was being correctly used, and that this would help to ensure that there was no silo working between partner agencies and the police force.

**Resolved:**

**THAT:**

- (a) the Board noted that the local declaration was signed within the stipulated timescales;**
- (f) the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan be prepared by the 1<sup>st</sup> March 2015 deadline**
- (g) a further update report be submitted to the Board at its next meeting; and;**
- (h) the report and the Action Plan be submitted to both the Adults and Children's Safeguarding Boards.**

### **94. END OF LIFE CARE - HEREFORD POSITION**

A brief verbal report was provided on End of Life Care and Dr Watts highlighted the following issues:

- that the County performed well in terms of the individuals being able to die in their place of choice, but there were cases where improvements could have been made. The End of Life Forum had been set up which included representation from all the providers in the County. Late identification of End of Life Care for non-malignant conditions was an issue within the County
- National Dying Matters Awareness Week was being organised by the Dying Matters Coalition from the 12-18 May, and should be promulgated within the County.
- That a scheme to allow GP's to have conversations about end of life care within Nursing Homes would be set up within the year.
- That a cultural change was needed to ensure that the issues around agencies working together could be addressed, as different systems could cause confusion when dealing with patients. The End of Life Forum would produce standardised systems and paperwork for organisations to use across the system.

During the ensuing discussion, the following points were made:

- That the Board should consider undertaking a project to help demystify death and should involve social care and schools and colleges, as this was also an issue for young people.

**Resolved: That the report be noted.**

#### **95. WORK PROGRAMME**

The Committee noted and updated its Work Programme.

**Resolved: That the Work Programme be approved.**

#### **96. ITEMS FOR INFORMATION**

The Board received and noted Briefings on the following subjects:

- Care Act Implementation
- Pharmaceutical Needs Assessment
- Public Health Commissioning
- Safeguarding Adults - Making Safeguarding Personal

**Resolved: That the briefings be noted.**

The meeting ended at 16:45

**CHAIRMAN**