To: All Members of the Board, all officers named for 'actions'.

From: Ask for: Legal and Member Services Laura Shewfelt

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HEALTH AND WELLBEING BOARD 26 JUNE 2013 MINUTES

### **ATTENDANCE**

### **MEMBERS OF THE BOARD**

### County Councillors

T C Heritage, R M Roberts, C Wyatt-Lowe (Chairman)

### Non County Councillor Members

T Kostick, N Small, L Watts, N Bell, J Coles, S Pickup, J McManus, S Wren, L Nedham, J Halpin

### PART 1

1. APPOINTMENT OF CHAIRMAN AND ELECTION OF VICE-CHAIRMAN

1.1 The Board noted the appointment of Colette Wyatt-Lowe as Chairman of the Board.

1.2 After being nominated and duly seconded, Tony Kostick was appointed as Vice-Chairman.

2. CLINICAL COMMISSIONING GROUP (CCGs) UPDATES AND PROSPECTUSES

- 2.1 The Board received updates from the East and North Herts CCG, Herts Valley CCG and Cambridge and Peterborough CCG together with prospectuses.
- A member raised a question in relation to infection control at Barnet and Chase Farm Hospital and was informed that the contract with the hospital contained the specific requirements around performance.

### **Conclusion**

2.3 The Board noted the updates.

### 3. THE WIDER NHS LANDSCAPE

- 3.1 Jane Halpin provided the Board with an outline of the current wider NHS landscape. The Local Area Team for Hertfordshire was now in place and located in Welwyn Garden City and an overview of its specific commissioning portfolio across Hertfordshire and the South Midlands was provided.
- 3.2

  Board Members discussed the complex relationships between the various bodies, particularly the Local Area Team and the CCGs, and the commitment that had been given on all sides to work together and simplify it to provide coherency. It was felt that Hertfordshire was in a very good position to achieve this.
- 3.3 Access to information was identified as a particular challenge due to a legal loophole meaning that some organisations could access records that others couldn't. This was a national issue, however, that required action at that level rather than locally. The Director of Public Health assured the Board that local protocols and solutions were also being looked into and that he would be working with the CCGs to resolve the problem.

### Conclusion

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The Board noted the update and that further reports would be brought as work developed.

4.1 The Board received a Paper from the Herts Valley CCG informing it of the work taking place to improve discharge arrangements in West Hertfordshire and the development of an Integrated Discharge Planning Team.

INTEGRATED DISCHARGE IN WEST HERTFORDSHIRE

4.2 It was widely recognised that there was a need to greatly improve discharge planning across West Hertfordshire and together the CCG,

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West Herts Hospital Trust, Hertfordshire Community Trust and the County Council had embarked on transforming the approach in January 2013.

4.3 Board Members emphasised the importance of the involvement of carers in the process from the very beginning, the use of the Voluntary Sector and the difficulties experienced when patients are placed in hospitals outside of the County boundaries.

The Board was assured that all these factors were being addressed and that there was evidence that the whole system was beginning to work together and was committed to the improvements.

### **Conclusion**

4.4 The Board noted the report.

## 5. PERFORMANCE INDICATORS FOR OUR HEALTH AND WELLBEING STRATEGY PRIORITIES

- 5.1 The Board received a report which proposed a set of performance indicators for monitoring progress on the nine Health and Wellbeing Strategy priorities.
- Although Board Members liked the format and presentation of the indicators it was felt that further work needed to be done on the indicators themselves in order for them to be more reflective of the Board's strategy and priorities. Specifically, that more measures of outcomes were introduced, rather than activity or process.

### Conclusion

5.3 The Board approved the format for presentation of the indicators and agreed that a further report be brought to the Board with refined proposals for the indicators.

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### 6. WINTERBOURNE VIEW – IMPACTS FOR HERTFORDSHIRE

The Board received a paper which informed it of the recommended approach to implementing the recommendations from the Department of Health Winterbourne View review that had system wide implications for health and social care in Hertfordshire. Members discussed the approach and the short-term action points identified.

### Conclusion

- 6.2 The Board noted the report.
- 7. THE MID STAFFORDSHIRE NHS FOUNDATION TRUST,
  LESSONS, RECOMMENDATIONS AND IMPLICATIONS FOR THE
  HERTFORDSHIRE CLINICAL COMMISSIONING GROUPS
- 7.1 A joint paper was presented to the Board from Herts Valley CCG and East and North Herts CCG briefing Members on the implications of the Francis Inquiry recommendations to the CCGs.
- 7.2 Each of the CCGs provided an update of the actions that they had taken to date and how they planned to move forward with the recommendations and Board Members discussed how they could support and influence progress towards demonstration of accomplishment. The Board felt that often not enough attention was paid to complaints or concerns raised by carers, family and friends of patients and that needed to be addressed.

### Conclusion

7.3 The Board supported the work being undertaken and agreed that a further report on progress be made to the Board at a future meeting.

# 8. AGREEMENT ON SPENDING PLANS FOR HEALTH 'RE-ABLEMENT' MONIES AND NHS ALLOCATION TO SOCIAL CARE

- The Board considered a report seeking approval on spending plans for two separate allocations of money from the NHS Commissioning Board for 'health re-ablement monies' and 'NHS allocation to social care' which totalled £6m and £14.2m respectively for Hertfordshire for 2013/14.
- 8.2 Questions were invited and responded to. The necessity for NHS England to approve the final agreed plan was noted.

### Conclusion

8.3 The Board agreed the respective spending plans in principle and requested that the Deputy Director, Commissioning and Resources work with the two Hertfordshire CCGs on any outstanding areas for agreement before sharing with NHS England. It was suggested that this was reported back to the Board in September.

### 9. WORKING FOR FAMILY CARERS

9.1 The Board received a presentation by Hannah Rignell, Commissioning Manager Community Wellbeing Team which outlined Hertfordshire's commitment to carers. During discussion Members of the Board highlighted that there needed to be great emphasis on young carers, that all GP practices should be committed to the strategy and that there was good practice in Hertsmere GP surgeries where 'carer champions' were in place. It was noted that there would be a formal launch of the 'Commitment' at the Hertfordshire Assembly on 8 July 2013.

### Conclusion

9.2 The Board noted the presentation.

### 10. PUBLIC HEALTH UPDATE

10.1 The Board received an update on the progress of Public Health Work since the County Council assumed responsibility for many of its functions on 1 April 2013. Further responsibilities would be assumed by the Council in due course, including new arrangements for the Medical Examiner System in 2014 and the Commissioning of Health

visiting in 2015.

The Board discussed the challenges being faced and the great opportunities for working with partners. It was felt that there was a huge commitment and willingness from all organisations and partners for joint working.

### Conclusion

10.3 The Board noted the report.

### 11. HEALTH CHECKS

- The Board received a report from the Director of Public Health on NHS Health Checks. Members heard that NHS Health Checks reduced vascular disease and contributed to achieving local Health and Wellbeing priorities and that the County Council had a duty to commission them for its residents from GPs and/or third party providers.
- The Board noted that Hertfordshire's performance last year had been poor due to late roll out, underestimation of market cost and insufficient promotion to GPs. In order to ensure safe and consistent service delivery GPs had been asked to continue to provide Health Checks for 2013/14. The importance of engaging with hard to reach groups was debated together with providing Checks at different venues. The Board was reassured that the four year Health Checks Strategy would include these issues and would come to a future Board meeting for consideration.

### **Conclusion**

11.3 The Board noted the report.

### 12. UPDATE FROM HERTS LEADERS' GROUP

Lynda Needham reported back on the April meeting of the Group and its discussions around the effective cascading of information from bodies such as the Health and Wellbeing Board. Reassurance was given that an email link to the papers for this meeting had been sent to the Chief Executives and Leaders of all District/Borough Councils.

### **Conclusion**

12.2 It was agreed that the HWB Board Manager would liaise with the two District Council Representatives to discuss the matter further.

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### 13. UPDATE FROM HERTFORDSHIRE HEALTHWATCH

Sarah Wren reported that progress on the establishment of the organisation had been made. Work was ongoing regarding the establishment of the organisation's strategic priorities. One of the biggest challenges was making the public aware of the existence of Healthwatch and avenues were being explored to assist with this.

### **Conclusion**

13.2 The Board noted the update.

### 14. FORWARD PLAN

14.1 The Board received its Forward Plan and schedule of meetings for 2013/14. The Health and Wellbeing Board Manager would be arranging locations for future meetings to enable them to take place at venues around the County.

### **Conclusion**

14.2 The Board noted the report.

Kathryn Pettit Chief Legal Officer