

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

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**HEALTH AND WELLBEING BOARD
18 JUNE 2014
M I N U T E S**

ATTENDANCE

MEMBERS OF THE BOARD

County Councillors

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

Non County Councillor Members

N Williams (substitute for T Kostick), N Small, L Watts, N Bell, Clinical Commissioning Groups
J Coles, Director of Children's Safeguarding and Specialist Services
I MacBeath, Director of Health and Community Services
J McManus, Director of Public Health
S Wren, Healthwatch Hertfordshire
D Thornhill, L Needham, District Council Representatives

PART 1

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 28 March 2014 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

ACTION

3. BARNET AND CHASE FARM HOSPITAL UPDATE AND ROYAL FREE ACQUISITION OF BARNET AND CHASE FARM HOSPITALS

- 3.1 The Board received a presentation regarding the current position in relation to Barnet and Chase Farm Hospitals NHS Trust (B&CF) and the acquisition by the Royal Free NHS Trust.
- 3.2 The presentation included details of the serious financial challenges facing B&CF Trust and the reasons for the acquisition. Local commissioners were providing around 7.5% of the funding for the overall transaction costs with the Department of Health funding the remainder. Members heard that the Transaction Agreement had now been signed and that the Secretary of State was due to make a final determination on the acquisition within the next few days. The Board was assured that the BEH Clinical Strategy would be maintained.
- 3.3 Questions were invited and responded to and Members stressed that it was important that a 'Hertfordshire influence' was maintained with the new organisation and that the Chase Farm hospital site delivered what was needed. The Board was assured that clinician representatives for the County were involved in workshops and their views were very much welcomed.
- 3.4 The Director of Public Health expressed concern regarding the clinical variations in outcomes for Hertfordshire residents being treated by London hospitals and was assured that the Public Health Unit at the Royal Free Trust was looking at driving these down. It was also suggested that Hertfordshire could take a lead with the Trust with its 'Discharge to Assess' initiative.

Conclusion

- 3.5 The Board noted the update.

4. ADDITION TO HEALTH AND WELLBEING STRATEGY

- 4.1 The Board received a report which presented an addendum to the Health and Wellbeing Strategy, to reflect the agreements that the Health and Wellbeing Board had made on the Better Care Fund and its vision for integrated working.
- 4.2 During discussion it was suggested that there should be a suite of indicators to address prevention and that the ones on self-management should be expanded. It was also felt that work needed to be done on other indicators including those for dementia.

Conclusion

- 4.3 The Board approved the additions and amendments to the Strategy. The Director of Public Health and the Assistant Directors for Health and Social Care Integration would work together to prepare a performance report, with refreshed indicators, if necessary, to help the Board evaluate delivery against the Strategy.

5. PERFORMANCE INDICATORS FOR HEALTH AND WELLBEING STRATEGY

- 5.1 The Board received a report which updated it on the progress and status of its nine priorities.
- 5.2 It was felt that the Amber, Green, Red colour ratings were unclear and that a clear criteria needed to be worked out for their usage. It was suggested that the Public Health team would be able to assist with this. It was also highlighted that benchmarking should be with other similar H&WB Boards rather than nationally.
- 5.3 During discussion, Board Members suggested that whenever a report is presented to the Board, the relevant indicators are shown on it. The following indicators were highlighted as ones needing further work:

Unsafe sex;
Alcohol;
Weight – there were no indicators for underweight.

Conclusion

- 5.4 The Board noted the report and requested that the indicators be refreshed as suggested.

6. 'DISCHARGE TO ASSESS' MODEL OF HOSPITAL DISCHARGE

- 6.1 The Board was presented with a report which sought agreement in principle to progress the development of a Discharge to Assess (DTA) model of care with NHS partners. This would facilitate effective assessment of need and timely and effective transfers of care from acute hospitals to ongoing health and social care services.

- 6.2 The model was to comprise the following four components:

Community assessments;
Trusted assessment;
Flexible and rapid access homecare and 'assessment' nursing bed capacity; and
Pooled fines arrangements

6.3 During discussion, the Board stressed the need to ensure that there was sufficient primary care and community capacity.

Conclusion

6.4 The Board endorsed the principles behind the 'Discharge to Assess' and the plans to progress implementation of the pilots.

Kathryn Pettit
Chief Legal Officer