

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

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**HEALTH AND WELLBEING BOARD
25 SEPTEMBER 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 Small, N Bell, Clinical Commissioning Groups
I MacBeath, Director of Health and Community Services
M Downing, Healthwatch Hertfordshire
L Needham, District Council Representatives
J Halpin, NHS Local Area Team

PART 1

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 18 June 2014 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

ACTION

3. SYSTEM WIDE WINTER PREPARATION

- 3.1 The Board received a presentation from Chris Badger and David Evans, regarding intentions for meeting the potential winter pressures as a complete health and social care system in Hertfordshire. Activity headlines in relation to hospital attendances and admissions during 2013/14 were also outlined for both East and North Herts CCG and Herts Valley CCG. The presentation can be viewed via the following link:
http://www.hertsdirect.org/yourcouncil/civic_calendar/healthwellbeingboard/18308241/
- 3.2 Questions were invited and responded to and it was noted that although there was an increase in admissions and attendance at hospitals, this could be explained by the move toward short stay admissions of 6 to 36 hours, plus the opening of facilities such as the AAU at Watford General Hospital. It was also recognised that more work needed to be done around long lengths of stay. Communicating the changes being made at the QEII Hospital, and in more general terms, provision of good information regarding the options open to patients, were highlighted as areas for improvement.
- 3.3 The Board welcomed the collaborative approach but it was highlighted that night time discharge was an area that still needed to be resolved. It was suggested that end of life care and caring for the frail elderly should be considered by the Board at a future meeting.

Wendy
Tooke / Chris
Badger

Conclusion

- 3.4 The Board noted the presentation.

4. DEMENTIA STRATEGY FOR HERTFORDSHIRE

- 4.1 The Board received a report which sought agreement for the development of a new dementia strategy for Hertfordshire which would be evidence based and enable Hertfordshire residents to live well with dementia.
- 4.2 It was intended that the strategy would be developed by a review of the key strategic drivers relating to dementia and analysis of local need. The methods used would involve stakeholder consultation, including a project to engage directly with people with dementia and their carers. A 12 week consultation process was proposed that would end in November 2014 with the final strategy being agreed in January 2015.

4.3 The Chairman of Healthwatch Hertfordshire welcomed the proposals and the opportunity to work on the strategy and stated that from his organisations perspective, improvements in assessment and diagnosis were not yet being matched by the support services for users and carers. Other members felt that diagnosis rates were still low and that the delays between GP referral and being seen were currently unacceptable.

4.4 It was suggested that the leaflets currently available around dementia in health settings should be amalgamated. Although the content was good there were too many of them.

Conclusion

4.3 The Board endorsed the proposals for the consultation process and noted that the outcomes and draft strategy would be submitted to a future meeting for approval.

5. CHILDREN'S SERVICES COMMISSIONING PRIORITIES

5.1 The Board received a report which provided an overview of the three key priorities for Children's commissioning that it was intended would inform the early years/early childhood strategy.

5.2 The Board heard that there was widespread agreement within Hertfordshire that a move should be made away from 'commissioning services' and toward 'commissioning systems', in which, families, communities and schools would be able to access timely support that empowered them and others, ensuring that resources were focused on those at risk and in the greatest need.

5.3 Discussions across social care, education and CCGs and providers had resulted in the following three priorities:

Early years;
0-25 Integration for children with additional needs;
Whole system review of Child and Adolescent Mental Health (CAMHs).

5.4 The Board welcomed the review of CAMHs and expressed particular concern about the waiting lists for the service. It was also felt that the needs of children who were carers must also be included in the strategy, together with the transfer between CAMHs and adult mental health services. The Health Visiting Service and the role of Children's Centres were also identified as areas for inclusion.

Conclusion

5.4 The Board noted the report.

6. HERTFORDSHIRE DRUG AND ALCOHOL BOARD

- 6.1 The Board was presented with a report which outlined the outcome of consultation with key partners on the proposed terms of reference for a Strategic Drug and Alcohol Board. Members heard that it was anticipated the first meeting of the Board would take place before Christmas 2014.
- 6.2 Members suggested that a representative from a housing association and one from the voluntary sector might be useful additions to the Board Membership.

Conclusion

- 6.3 The Board endorsed the proposals and the terms of reference.

7. SUBMISSION OF REVISED BETTER CARE FUND

- 7.1 The Board received an update on the Better Care Fund plan which was submitted to NHS England on 19 September 2014. As previously agreed by the Board, the revised submission had been signed off by the CCG Accountable Officers, Director of Community Services and the Board Chairman and was now being retrospectively presented to the Board for endorsement.
- 7.2 The Board noted that this was a 'live' document which was in continuing development and the constructive approach taken by all partners concerned was highlighted and welcomed.

Conclusion

- 7.3 The Board endorsed the Better Care Fund Plan and agreed to monitor progress against key targets and indicators.

Kathryn Pettit
Chief Legal Officer