

Minutes



To: All Members of the Health & Wellbeing Board

From: Legal, Democratic & Statutory Services
Ask for: Fiona Corcoran
Ext: 25566

HEALTH AND WELLBEING BOARD 15 MARCH 2016 M I N U T E S

ATTENDANCE

MEMBERS OF THE PANEL

N Bell, B Flowers, Clinical Commissioning Group Representatives
J Coles, Director of Children's Safeguarding and Specialist Services
J McManus, Director of Public Health
M Downing, Healthwatch Hertfordshire
T Heritage, County Councillor
D Lloyd, Hertfordshire Police and Crime Commissioner
L Haysey, L Needham, District Council Representatives
David Law, NHS Provider Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

CHAIRMAN'S ANNOUNCEMENTS

The Chairman thanked David Law, HCT for his input to the Board over the last year and noted that Tom Cahill, HPFT would be the new NHS provider representative observer.

Professor Steven Barnett, Chair of WHHT was in attendance and welcomed by the Board.

Apologies noted from Hari Pathmanathan and Nicolas Small.

PART I ('OPEN') BUSINESS

ITEM 3 – 0-25 INTEGRATION PROGRAMME

ACTION

1. MINUTES

- 1.1 The minutes of the Health and Wellbeing Board meeting held on 15 December 2015 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 The following question was presented to the Board by H Musson, Executive Officer, Local Pharmaceutical Committee:

“On 9 December 2014 the Health and Wellbeing Board discussed its membership. It was acknowledged in the minutes that “During discussion of the proposals it was acknowledged that there was currently no provision for primary care provider representation on the Board or the voluntary sector. It was suggested that this could be looked into as part of the Board’s comprehensive self-assessment in Autumn 2015.” This was mentioned again at the last Health and Wellbeing Board meeting on 15 December 2015 although this does not seem to appear in the current draft of the minutes. There is currently no representative that represents general practice, community pharmacy, community dentistry and community optometry ie primary care. This seems particularly incongruous now that there are representatives for the local Trusts within Hertfordshire present at Board meetings.

Please can the Health and Wellbeing Board consider its position on the primary care provider representation on the Board. This is a particular pertinent time, with a threat to the community pharmacy network through the proposed changes to its core contract and a crisis in the GP practice workforce. It is essential that primary care has a voice to agree priorities and further joint working to improve wellbeing and reduce health and social inequalities.”

The Board noted that this issue required further discussion and consideration, therefore a brief answer would not be appropriate. It was agreed that the subject of this question would form a substantive item at the next Health & Wellbeing Board Development Day on 21 April 2016 and that Helen Musson or colleagues from the Local Pharmaceutical Committee would be invited to provide a presentation and take part in discussion of the proposal. It was noted that the Board values the input of pharmaceutical colleagues but any change would be fundamental to the nature of the Board. Therefore, it would be essential to ensure a decision was reached that all Board members were content with and also supported pharmaceutical work

W Tooke

H Musson confirmed that she was content with this response and there was no supplementary question. It was agreed that officers would liaise with Helen Musson regarding involvement in the next HWB Development day.

W Tooke

3. 0-25 INTEGRATION PROGRAMME

**CHAIRMAN’S
INITIALS**

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[Officer Contact: Danielle Edwards]

- 3.1 The Board received a report on the 0-25 Integration Programme, setting out the countywide approach to improving support and services for Children, Young People and Young Adults with Special Educational Needs and/or Disabilities (SEND) in Hertfordshire that is being driven forward by the 0-25 Integration Programme Board. The Board also received a presentation which is attached as Appendix A.
- 3.2 Members of the Board expressed their support for this work. It was noted that Healthwatch had been involved in this work and the Healthwatch Youth Ambassador was a member of the Young People's Reference group. It was noted that this work was running alongside the CAMHS transformation.
- 3.3 In discussion Members highlighted that for children with disabilities, experiences of diagnosis and work with schools could vary considerably. Therefore a systemic approach linking in with Hertfordshire Partnership Foundation Trust (HPFT) and Hertfordshire Community NHS Trust (HCT) was essential. Officers informed the Board that strategic links were in place between key organisations and that the charter would challenge providers to work more collaboratively, although it may take some time to become embedded.
- 3.4 The importance of bringing together adult and children's teams in relation to social care was highlighted and it was noted that now that the County Council had decided how to go about this, other agencies such as HCT and HPFT would be able to go forward to work in this way and more changes would begin to become evident on the ground.
- 3.5 Members of the Board welcomed this work and highlighted the need to measure success in a meaningful way. A six month review to monitor success via the self-assessment framework was suggested. Members were keen to see how success would be measured going forward.

Conclusion:

- 3.6 The Board acknowledged the Professional Charter (Appendix A of the report) as a countywide standard for working with Children, Young People and Adults with SEND and their families.
- 3.7 The Board agreed the Disabled Children's Charter evidence file (Appendix B of the report) for submission to Every Disabled Child

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INITIALS**

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Matters (EDCM.)

4. HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY 2016-2020

[Officer Contact: Jacqui Bunce, ENHCCG]

- 4.1 The Board received a presentation outlining the Hertfordshire Health and Wellbeing Strategy 2016-2020, attached as Appendix B.
- 4.2 Members commended this piece of work and appreciated officers' responsiveness to the Board's comments. Members also welcomed the approach taken with the use of Public Health intelligence and preventative work and the fact that mental health was given the same emphasis as physical health.
- 4.3 In discussion it was noted that a suite of measures had been created to evaluate success and that the importance of different locations needs and priorities had been understood and taken into account. The strategy was intended to be an overarching umbrella under which districts could identify their own specific priorities.
- 4.4 Members highlighted the importance of describing how the strategy would be achieved and put into practice in addition to what should be done. It was also highlighted that success in some of the areas within the strategy may lead to further pressure in funding.

Conclusion:

- 4.5 The Board welcomed the outline of the draft strategy presented at the meeting and it was agreed that the full draft strategy would be circulated to the Board for comment.

J Bunce

5. 2016-17 BETTER CARE FUND PLAN

[Officer Contact: Jamie Sutterby 01992 588950]

- 5.1 The Board received a report providing an update on the 2016-17 Better Care Fund Plan to be submitted to NHS England.
- 5.2 The Board heard that there would be a focus on delayed transfer of care and that it was intended that the same amount of resources would be pooled as in the previous year, with 2016/17 being a continuation of the work and aims of 2015/16.
- 5.3 It was noted that between 21 March and 25 April the final plan

J Sutterby

CHAIRMAN'S INITIALS

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would be circulated to the Board for comment.

[NB. the detailed financial information addendum referred to in paragraph 2.5 of the report was not tabled at the meeting but this information would be included in the final plan to be circulated to the Board between 21 March and 25 April 2016.]

Conclusion:

5.4 The Board was not quorate at this point in the meeting but all Members who were present endorsed the high level content for the Better Care Fund Plan 2016/17 and delegated sign-off of the final submission to the Lead Officer in consultation with the Chairman of the Health & Wellbeing Board.

J Sutterby

5.5 [As the meeting was not quorate at this stage, subsequent to the meeting, the Lead Officer wrote to all Members of the Board seeking confirmation of their agreement with the recommendation under minute 5.4 above. The majority of Board Members had replied at the time of publication of the minutes and all responses received had endorsed the conclusion under minute 5.4 above.]

J Sutterby

6. HOUSING AND HEALTH IN HERTFORDSHIRE

6.1 The Board received a report and presentation (attached as Appendix C) on the draft work undertaken to understand the role of housing services across Hertfordshire and links to health and wellbeing.

6.2 Members of the Board noted that a number of pieces of work regarding housing and health were in progress and it would be important for the Board to consider ways of joining up this work. In order to ensure the work was being carried out across the county, Public Health officers were linking in with the district Head's of Housing meeting.

6.3 It was highlighted that the report focussed on the following two key issues:

- Impact of housing quality
- Housing availability

In relation to housing quality it was noted that a significant number of homes were of poor quality and it would be essential to identify where and how the greatest health impact could be made. In relation to housing availability, it was noted that homelessness had

been increasing since 2011 and was expected to continue to increase in future. Therefore areas such as co-ordination of hospital discharge, adults with complex needs and access to emergency night shelter were being focused on.

- 6.4 The Board received a draft proposal document (Appendix D) and the Board noted that links would be needed between different groups in order for this work to be taken forward and the challenge of maintaining oversight was highlighted.
- 6.5 In discussion, Members of the Board commented on the fact that no reference had been made to involving developers, which would be important as it would offer the opportunity to provide input to their plans. It was noted that officers had chosen not to include developers in this piece of work due to the size of the area being covered.
- 6.6 Members noted that although a lot of new housing was being built and marketed for sale, it did not necessarily include social housing. The need to address the issue of affordable housing was noted by the Board.
- 6.7 The Board acknowledged the importance of the link between Health and Housing and endorsed the idea that the Health and Wellbeing Board could act as a key driver for this work, suggesting it could be embedded in the HWB strategy refresh in which case a clear direction and statement to sign up to would be required.
- 6.8 The work on excess winter deaths was commended by members of the board and it was noted that similar work to include private housing would be welcomed. It was noted that a Herts Healthy Homes service was available to all regardless of their tenure.
- 6.9 Members of the Board welcomed the joined up approach that this work was taking to housing and it was noted that the Housing Working Group had a large agenda and prioritisation of aspects of the strategy would need to be established. It was suggested that double district boards could choose their own priorities which would vary in different areas to best suit specific local needs.
- 6.10 The Board discussed the impact of rough sleepers on Accident & Emergency departments and other acute health services. In discussion, concerns were raised over the fact that this work covered such a wide area and it was agreed that a piece of work to analyse need by identifying cases where housing issues had impacted on repeated admission to hospital would be undertaken and this work would be led by Nick Carver.
- 6.11 It was suggested that Domestic Violence should be included in this piece of work and Members questioned whether two groups were

N Carver

**CHAIRMAN'S
INITIALS**

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needed as it may cause a duplication of work. Members of the Board also commented that the proposed model appeared complicated and may need refining in order to address this.

6.12 With regard to the sub-group, it was noted that it would consider planning issues in addition to commissioning. The Board heard that the Strategic Housing and Economic Development Needs Assessment would feed into the local plans that could be used to guide developers regarding housing need in each district. With regard to the data analysis work carried out by Welwyn Hatfield District Council, the Board heard that this funding had been available to all districts but not all had completed this work. It was agreed that district council representatives of the Board would follow this up with all district council leads.

L Haysey,
L Needham

6.13 The Board's enthusiasm for this piece of work was noted and emphasis was placed on the importance of careful prioritisation and good governance.

6.14 Members acknowledged the links with housing for the most vulnerable and the criminal justice system and highlighted the fact that the involvement of a large number of different agencies could bring complications. A Member of the Board suggested that a market solution based on the fact that the County Council, NHS, Police and District and Borough Councils owned a large amount of land in the county could be sought, taking an entrepreneurial approach to the issue. It was agreed that the Police Commissioner would find out more about the land owned by the Police.

D Lloyd

6.15 Members highlighted that the report did not discuss housing supply and the fact that a timeframe of 3-5 years was needed to make changes in the housing supply. It was also noted that private sector housing was not mentioned in the report and the needs of people who may have purchased a home under the right to buy scheme and are asset rich but cash poor, resulting in possible problems with the quality of their housing. In addition to this, Members noted that landlords concerns about universal credit were not addressed in this report, including the anticipated issues such as evictions and non-payment of rent.

Conclusion:

The Board recommended:

6.16 that further work be done on the Housing, Health & Wellbeing Routemap in order to make it more deliverable.

I MacBeath/ J
McManus

6.17 that a piece of work to analyse need by identifying cases where housing issues had impacted on repeated admission to hospital would be undertaken.

N Carver

**CHAIRMAN'S
INITIALS**

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6.18 that further discussion and refinement of this work would be undertaken at the next Health & Wellbeing Board Development Day.

7. DOMESTIC ABUSE IMPROVEMENT PROGRAMME AND STRATEGY

7.1 The Board received a report providing an update on the Domestic Abuse Improvement Programme, including progress made against SafeLives (previously Co-ordinated Action Against Domestic Abuse, CAADA), main recommendations, and the new draft Domestic Abuse Strategy.

7.2 It was noted that the new draft Domestic Abuse Strategy was a good example of partnership working. It was highlighted that further funding from organisations including the NHS was still required and being sought as this work needed to be joint funded and receive joint input from partners. CCG representatives acknowledged the importance of this issue and agreed to discuss further with the Police Commissioner.

N Bell, D Lloyd

7.3 It was noted that County Council officers were working with housing providers in relation to the housing offer. The question of what was being done of a preventative or supportive nature was raised.

7.4 In discussion, it was noted that Housing Associations were in a transition period and the relationship between district/borough councils, the housing associations and residents was being monitored closely.

7.5 Members expressed their commitment to this work and emphasised the challenge of making the best judgements possible taking into account the evidence and resources available, while keeping in mind the fact that lives and long term impact on children were at stake. The need for work in this area to be driven through in a timely fashion was also highlighted.

7.6 Members noted that addressing Domestic Violence was a priority for district and borough councils and there were some good programmes currently being implemented. It was suggested that the third sector could be used to provide services differently.

7.7 The Board heard that a Housing and Wellbeing meeting was being organised and that representatives from refuges were keen to work with officers. Officers agreed to provide the Board with a figure of protected funding.

I MacBeath

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Conclusion:

7.8 The Board noted the update on the Domestic Abuse Improvement Programme and requested that its comments (under minute 7 above) be noted.

8. ANY OTHER URGENT BUSINESS

NHS Sustainable Transformation Planning process and the Local transformation “footprint”

[Beverley Flowers, Chief Executive ENHCCG]

8.1 The Board agreed to consider a brief update on this subject as urgent business due to the timescale constraints of this process.

8.2 The Board noted that the new NHS planning guidance had asked NHS organisations to produce their own operational plans for the coming year. In addition to this, it also asked NHS organisations to work together to make joint plans for their local health and care services – a ‘sustainability and transformation plan’ and identify a local “footprint”. This would require parts of Hertfordshire to work closely with West Essex towards an integrated approach to devolution.

8.3 Members heard that all CCGs had accepted the “footprint”, although with some reservations and concerns. There would be a Hertfordshire Plan which the two Hertfordshire CCGs would sign up to. Representatives were due to meet with the Chief Executive of Hertfordshire County Council to discuss this subject.

8.4 Issues such as the crossover element and sustainability and future of Princess Alexandra Hospital in Harlow and clinical alignment were acknowledged. Members heard that there would not be one overarching sign-off group but that the Hertfordshire Public Sector Chief Executives Group would monitor Hertfordshire. There would be a single footprint lead role, for which Beverley Flowers had been nominated and West Essex would provide a deputy.

8.5 The Board noted that the Chairman of the Health & Wellbeing Board had written to NHS England to express concern regarding the move away from keeping the boundaries to those of the Health & Wellbeing Board. It was agreed that this letter would be circulated to the Board.

8.6 While it was hoped that the planning would be the same with the new “footprint”, there were concerns that it would be necessary to duplicate planning with the potential to result in a leakage of money

I MacBeath

**CHAIRMAN’S
INITIALS**

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across the system. It was noted that there had been significant lobbying for these concerns to be addressed.

8.7 Members noted that this work was in the emerging stages and the CCGs would have the full support of the Board to work in best interests of Hertfordshire. Concerns were also raised that this change may be a distraction when there were many challenges to focus on and finances were tight.

8.9 It was emphasised that all the links in the way Health works in Hertfordshire would remain the same following the implementation of these changes.

Conclusion

8.10 Members noted the update.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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