

# Minutes



To: All Members of the Health & Wellbeing Board

From: Legal, Democratic & Statutory Services  
Ask for: Stephanie Tarrant  
Ext: 25481

---

## HEALTH AND WELLBEING BOARD 13 DECEMBER 2017 M I N U T E S

### ATTENDANCE

### MEMBERS OF THE BOARD

N Carver, NHS Provider Representative  
J Coles, Director of Children's Services  
B Flowers, K Magson, H Pathmanathan, Clinical Commissioning Group Representatives  
L Haysey, District Council Representative  
T Heritage, County Councillor  
D Lloyd, Hertfordshire Police and Crime Commissioner  
J McManus, Director of Public Health  
L Needham, District Council Representative  
R Roberts, County Councillor  
C Wyatt-Lowe, County Councillor (Chairman)

### PART I ('OPEN') BUSINESS

	<b>ACTION</b>
<b>1. MINUTES</b>	
1.1 The minutes of the Health and Wellbeing Board meeting held on 17 October 2017 were confirmed as a correct record of the meeting.	
<b>2. PUBLIC QUESTIONS</b>	
2.1 There were no public questions.	
<b>3. REPORT OF PROGRESS WITH THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)</b> [Officer Contact: Peter Cutler, STP Programme Director]	
3.1 The Board reviewed a report which provided an update on the Sustainability and Transformation Partnership (STP) workstream deliverables, clinical engagement, engagement with District Councils to improve place-based care and the plans to deliver an Accountable Care System (ACS).	

- 3.2 The Board noted the seven workstreams that had been established as detailed at 2.2 of the report and discussed the key developments for each area. Members noted that actions were now being delivered by the workstreams and the results were very encouraging.
- 3.3 The Board noted that there was a lot of work underway but queried how much of this had been as a specific result of the STP and how much of it would have happened anyway. Members were advised that some workstreams were driven by national agendas and therefore were completed via instruction, however the STP aimed to determine what value could be added over and beyond. In other cases it was noted that there was guidance with less instruction e.g. frailty was a chosen focus point for the STP.
- 3.4 Members discussed the three patient engagement events planned, subject to funding from Macmillan, to consider the Cancer Improvement Plan and it was advised that a satisfaction survey had identified that patient experience could be improved. If the funding was agreed, the events would run between March and May 2018 and would be used to consider what worked well, if leaflets were suitable and to consider any other changes to the pathway.
- 3.5 Members acknowledged that improvement was required to lower the budget deficit but noted that A&E at Princess Alexandra Hospital had wait times of around 4 hours and commented on how this could be improved. Members were advised that the STP programme was driven by clinical transformation and that once services became more efficient, cost savings would follow. It was advised that £4million of savings had been made to date by working more effectively. Members heard that the savings would not be used directly to address the issues at Princess Alexandra Hospital; however the service would be utilised internally.
- 3.6 The Board acknowledged that the plan covered a 5 year period when Local Authorities were planning for 20/30/40 years ahead in terms of housing and health care facilities and it was advised that connections were being made for the different worksteams in order to future proof the work that was being undertaken. Members were advised that links had been made between Children's Services and the Mental Health workstream and that further exploration was required across learning disabilities and family mental health.
- 3.7 Members noted that report appeared to suggest that connections had not been made with Local Authorities and it was advised that a lot of good health and wellbeing work had been undertaken with District Councils. The Board heard that the NHS was very keen to develop link to avoid people working in silos. The Board noted that social prescribing would not have been possible without the interaction from Local Districts and the voluntary sector and recognition was given to

**CHAIRMAN'S  
INITIALS**

.....

the work of the Local Authorities.

- 3.8 The Board requested that future reports presented a steer of where the STP was heading and what actions were required as a multi-agency group. Additionally, it was noted that further communication was required to consider further joint up initiatives e.g. the use of the property portfolios held by each District and the Police to determine if they could be used for additional purposes.
- 3.9 Having seen the benefit in addressing the prevention stream, Members were encouraged to consider applying for the GenerationQ programme, which was a fully-funded leadership and development and quality improvement programme.

**Conclusion:**

- 3.10 Members of the Board noted the progress with delivering the Sustainability and Transformation Partnership plan as set out in the report.
- 3.11 Health and Wellbeing Board stakeholders identified activities within the transformational workstreams that could benefit from additional inputs and resources that are available to support the STP priorities, as detailed above.

**4. 2017-19 BETTER CARE FUND UPDATE**

[Officer Contact: Edward Knowles, Assistant Director - Integrated Health, Tel: 01992 588950]

- 4.1 Members received a report which provided an overview of 2017-18 Better Care Fund performance in Hertfordshire to date.
- 4.2 The Board had signed off the Better Care Fund plan at the October 2017 meeting and were still waiting for a formal response from NHS England to confirm the plan. It was anticipated that the plan would be approved without any further conditions.
- 4.3 Members noted that the report provided updates against the four key metric's set out in the plan and that an additional local metric was being developed. The Board noted that whilst two targets were being met and one almost met, more work was required around delayed transfers of care (DToC)
- 4.4 The Board noted that the number of people admitted to residential and nursing care was falling and therefore suggested more people were being supported to remain in their own homes. It was advised that a spike may be seen in the next quarter but should remain within target.

**CHAIRMAN'S  
INITIALS**

.....

- 4.5 There was a pressure seen in non-elective admissions to hospital with an increase seen from 2016/17. It was noted that the target was difficult to meet and the pressure was expected to increase over the winter months.
- 4.6 With regards to DToC, it was noted that in August 2017 the service was projected to meet the NHS target, however the position had moved further away from the target. Despite this, it was noted that performance had improved from the same period last year and more people were being discharged quicker.
- 4.7 The Board queried if the data on non-elective admissions could be broken down into those admissions from care homes and those from the community and it was advised that this would be looked into in order to determine the correlation.
- 4.8 Members discussed that The Board could consider how DToC rates could be improved by looking at what works and how to keep the system moving. In addition, The Board considered how the voluntary sector could help identify those members of the community that required help e.g. to combat social isolation.

Edward Knowles,  
AD  
Integrated Health

**Conclusion:**

- 4.9 The Board noted the key points of 2017-18 BCF performance to date.

**5. STREET TRIAGE EVALUATION REPORT**

[Officer Contact: Charlotte McLeod, Head of Community Safety, Office of the Hertfordshire Police and Crime Commissioner]

- 5.1 The Board reviewed a report which provided an overview of the commissioning of the Street Triage evaluation. This was followed up with a presentation, which can be viewed here: [Street Triage Evaluation Presentation<sup>1</sup>](#)
- 5.2 The Board noted that the Police and Crime Commissioner had commissioned NEF consulting to evaluate the Street Triage Scheme. Extensive research had been carried out with a variety of stakeholders in order to evaluate the scheme.
- 5.3 Members acknowledged that the scheme had shown a positive impact and was recommended to continue. The main question from the evaluation was with regards to where the funding was to come from but it was noted that whichever funding stream was used, it would be at the cost of the tax payer. Police Officers were content

<sup>1</sup>

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx>

**CHAIRMAN'S INITIALS**

.....

having professionals working alongside them and service users were able to be treated without being taken into custody.

- 5.4 The Board discussed the need for the scheme to continue however agreed that the scheme needed to be efficient and provide value for money and noted that other areas had managed to make the scheme work more effectively. In addition the Board noted that funding should continue to be provided from all bodies.
- 5.5 Members commented on the need to look at the role that District Councils played with regards to licensing, in order for further support in terms of intoxication.
- 5.6 Members noted that the evaluation recommendations were difficult to determine in the report but were captured well in the presentation.

**Conclusion:**

- 5.7 The Board noted the Street Triage Evaluation findings and recommendations following publication.
- 5.8 Board members discussed and agreed that the recommendations from the Evaluation will inform future funding decision-making for the Street Triage scheme, as detailed above.

**6. SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH**

[Officer Contact: Jim McManus, Director of Public Health, Tel: 01992 556884 / Kay Burkett, Local Government Association]

- 6.1 The Board reviewed a report which detailed the process and outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention. Members received a presentation, which can be viewed here: [Peer Challenge Presentation](#)<sup>2</sup>
- 6.2 The Board noted that 98 interviews had been conducted over two days and that considered how well the County Council and its partners were placed to achieve ambition on prevention.
- 6.3 Members noted that whilst joint up discussions were underway the wider picture needed to be considered. It was agreed that now that the review was complete, a development day was to be organised to consider the recommendations fully and to review what was required and consider what was stopping it being achieved.

---

<sup>2</sup>

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx>

**CHAIRMAN'S  
INITIALS**

.....

6.4 The Board noted that the County Council was going through a period of change and it was acknowledged that now would be an opportunity to consider how processes were moved forward.

6.5 Members discussed the need to consider the recommendations alongside the Sustainability and Transformation Partnership, whilst keeping a focus on the governance element provided by the Health and Wellbeing Board. The development day invite would be extended to the West Essex Clinical Commissioning Group in order for this to be considered.

Wendy Tooke,  
HWB  
Manager

6.6 The Board commended officers for the work undertaken to date.

**Conclusion**

6.7 The Board noted that a development day would be organised in order to review the recommendations from the peer challenge on prevention and public health.

Wendy Tooke,  
HWB  
Manager

**7. CARE QUALITY COMMISSION (CQC) THEMED REVIEW OF CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH SERVICES (CAMHS)**

[Officer Contact: Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team, Tel: 01438 845392 / Liz Biggs, Programme Lead, Children Young People and Maternity, HVCCG, Tel: 07825008623]

7.1 The Board received a presentation which provided Members with an update following the Care Quality Commission (CQC) thematic review of children and young people’s mental health services in Hertfordshire. The presentation can be viewed here: [CQC Review Presentation](#)<sup>3</sup>

7.2 The Board recognised the speedy and positive partnership response seen in responding to the CQC request for the review of children and young people’s mental health services in Hertfordshire.

7.3 Members heard that children and young people’s views were gauged as part of the review with key areas identified. Overall there had been positive feedback around the early intervention approach, Families First; however an area for consideration was around waiting times and the engagement between CAMHS and schools. It was also noted that the audit office were looking at the funding available across the system.

<sup>3</sup>

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx>

**CHAIRMAN’S  
INITIALS**

.....

- 7.4 Members heard that the Department of Health & Department of Education released a Green Paper on 4 December 2017 on Transforming Children and Young People’s Mental Health Provision, with consultation open until the beginning of March 2018. It was noted that the paper sought for every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing of children and young people. It was advised that 420/550 education settings within Hertfordshire already had a Senior Lead, with the rest expected to have a Lead by 2025.
- 7.5 The Board commended the whole system and thanked everyone involved for the progress that had been made. It was noted that areas being appointed as ‘trail blazers’ was a good approach to move forward with providing support.
- 7.6 Members noted the improvement within schools and the backing from staff but discussed the work still to be undertaken with parents. The board noted that a lot of complaints related to CAMHS were around wait times and the expectations of the service from parents. There was some way to go with regards to timeliness and how long it took to make a difference versus parental expectation.
- 7.7 The Board welcomed another conference being organised, as undertaken previously, to address what the system had achieved and to hear from the young people again. The conference could be extended to Learning and Disabilities, Children Looked After and the Youth Justice System.
- 7.8 As the Chair of the CAMHS transformation Board, Kathryn Magson, noted that there had been some good work undertaken in isolation and that now was a good opportunity to look at areas that were working well alongside areas to consider for improvement. The CAMHS Transformation Board was reviewing the Green Paper alongside the Strategic Plan to consider the approach for the next few years.
- 7.9 The Board noted that two years ago the CAHMS review report identified a number of failings and that the system had worked well to make improvements and show what could be achieved. Members welcomed the multi-system approach that had been achieved and provided a positive review and noted that there was work to be undertaken on schools collaboration.
- 7.10 Members acknowledged that schools were facing very challenging budgets and that this needed to be taken into consideration.

**Conclusion**

- 7.11 The Health and Wellbeing Board noted the content of the power point presentation.

**CHAIRMAN’S  
INITIALS**

.....

**8. ANY OTHER URGENT PART I BUSINESS**

8.1 There was no other urgent Part I business.



**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN** \_\_\_\_\_

**CHAIRMAN'S  
INITIALS**

.....