

Minutes



To: All Members of the Health & Wellbeing Board

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

HEALTH AND WELLBEING BOARD

2 MARCH 2017

MINUTES

ATTENDANCE

MEMBERS OF THE BOARD

N Carver, NHS Provider Representative
J Coles, Director of Children's Services
M Downing, Healthwatch Hertfordshire
B Flowers, N Small, C Ward, Clinical Commissioning Group Representatives
D Lloyd, Hertfordshire Police and Crime Commissioner
I MacBeath, Director of Health and Community Services
Jim McManus, Director of Public Health
L Needham, District Council Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

OBSERVER

T Cahill, NHS Provider Representative

CHAIRMAN'S ANNOUNCEMENTS

The Chairman noted apologies from Teresa Heritage, Hari Pathmanathan and Dominic Cox.

PART I ('OPEN') BUSINESS

1. MINUTES

- 1.1 The minutes of the Health and Wellbeing Board meeting held on 6 October 2016 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

- 2.1 There were no public questions.

3. LOCAL HEALTH RESILIENCE PARTNERSHIP

[Officer Contact: Jim McManus, Director of Public Health, [Tel: 01992

ACTION

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- 3.1 The Board received a report detailing the function of the Local Health Resilience Partnerships (LHRP) and a statement of assurance on the work being undertaken. The LHRP considered business continuity and resilience within the NHS by national standards and was co-chaired by the Director of Public Health and the NHS England Locality Director.
- 3.2 Members acknowledged that Hertfordshire was a large area that had encountered numerous problems in the past and needed to be ready to manage incidents such as a flu pandemic or another incident similar to the Potters Bar rail accident.
- 3.3 It was noted that Hertfordshire fared well on most resilience challenges and that there had been sustained improvement in the way health agencies approached resilience. Members acknowledged that there had been an area of confusion when an incident required nursing intervention and vaccines and it was noted that agencies had to work together.
- 3.4 Members heard that the LHRP took into account the STP footprint but that the resilience planning was only in relation to Hertfordshire, because it was done to match Local Resilience Partnership footprint, and Essex had their own such Partnership. Members commented that 40% of patients to Princess Alexander Hospital in Essex were from Hertfordshire but it was noted that in terms of resilience, Essex had their own plans in operation.
- 3.5 In response to a Member's question on how prepared the partnership was for an incident and if there were any weaknesses, The Board were assured that there was good collaboration between agencies with good plans in place for a number of major incidents and a self-assessment took place on a yearly basis. Members heard that the county was well prepared for the management of infectious diseases with a fair share of cases already managed. Members heard that there was a possible gap with ensuring agencies were clear on their responsibilities during infectious disease outbreaks and that a detailed presentation on core standards could be provided at the Boards development day. The new Memorandum of Understanding was designed to cover this.

Conclusion:

- 3.6 Members of the Board noted the content of the report and acknowledged that there would be periodic updates on resilience and preparedness amongst NHS agencies in Hertfordshire.

**4. HERTFORDSHIRE YOU CAN PILOT PROJECT
(ADULTS WITH COMPLEX NEEDS)**

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[Officer Contact: Donald Graham, Chief Executive, Hertsmere Borough Council, Tel: 020 8207 7801]

- 4.1 The Board received a report and a follow up presentation that gave an overview of the progress with the Hertfordshire You Can Pilot Project. The presentation can be viewed here: [Adults with Complex Needs Hertfordshire Presentation](#)
- 4.2 Members heard that the pilot project had involved 55 participants from Hertsmere and Three Rivers and had looked to reduce costs by undertaking preventative work with adults with complex needs instead of providing reactive care.
- 4.3 The Board noted that the pilot had been conducted over a short period of time and that the partnership was looking at whether it should be extended to determine the true long-term savings. It was acknowledged that the pilot was showing positive results, with a reduction in the number of calls to the police and reduced A&E visits but that further analysis was still required.
- 4.4 Members noted that the project had been shortlisted for a Local Government Chronicle Award for Health and Social Care and in response to a Member question on who would take the decision to continue the pilot and whether it was to be extended to other parts of the county, Members heard that there was a Partnership Board that would take the decision subject to funding being available. It was noted that a bid had been submitted to the Department of Communities and Local Government (DCLG) to support the pilot extension.
- 4.5 Members discussed that the project appeared to be moving in the right direction but highlighted that it had been difficult to fill the full cohort and keep people on the programme long enough to see the benefits. Members heard that the lifestyle of the adults on the programme was very chaotic so it had been challenging sustaining their commitment but it was noted that similar projects had been illustrated to work in London and sustained over a longer period of time.
- 4.6 Members discussed whether the 55 people already involved in the pilot would need ongoing support if the pilot was to stop. It was advised that independent evaluators had seen the participants at the beginning of the project and were due to see them again to establish if their situations had improved. It was noted that there had been case studies of adults on the programme who had rebuilt relationships with their families. There was also a review which looked at community impact and the reduction of antisocial behaviour complaints. Case studies were available to be circulated to the Board.

Chief Executive,
Hertsmere Borough Council

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4.7 A discussion took place around the scheme not being a standalone service and it was acknowledged that evidence had been seen in Children's Services where pilot schemes had then been embedded into the work of the service. It was noted that the scheme needed to be proven sustainable in the long-term and operate as intervention to change participant's lives and move them on by using the right psychological and motivational techniques in order to get them to make positive changes.

Conclusion:

4.8 The Board noted the project update and the next steps being taken by the sponsor group to extend the pilot.

4.9 The Board asked for an update to be presented in six months, once clearer evaluation of the pilot scheme was available.

5. SELF-MANAGEMENT STRATEGY

[Officer Contact: Miranda Sutters, Consultant in Public Health/
Constance Wou, Registrar in Public Health, Tel: 01992 555042]

5.1 The Board received a report and a follow up presentation which provided an overview of Hertfordshire's Self-management Strategy 2017-2020. The presentation can be viewed here: [Self-management Strategy Presentation](#)

5.2 Members noted that the strategy was in support of the prevention agenda and provided members of the public the tools to manage their health conditions from home.

5.2 The aim and principals of the strategy were acknowledged and it was noted that the strategy was aligned to the Sustainability and Transformation Plan (STP).

5.3 Members commented on the excellent presentation of the report and discussed the challenges faced in communicating the information to the public and welcomed a strong campaign. The Board heard that all frontline staff would be given training so that they had knowledge of the strategy.

5.4 In discussion on the implementation of the strategy, it was noted that the language used should be clear when presented to the wider public, as the strategy needed to allow for people to manage their own health after being given a starting point from professionals.

5.5 It was noted that an online website was to be launched which would provide a brief overview on different conditions and enable members of the public to search for local services available to them.

5.6 The Board acknowledged that a culture change was required for the

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strategy to be successful and noted that there was around 15,000 people with HIV in Hertfordshire that rarely used NHS resources, whereas around 50,000 diabetic patients used the service regularly. It was acknowledged that social prescribing needed to be increased with referrals made to self-management.

5.7 It was noted that there had been poor engagement with the acute trusts on the strategy implementation plan and that this would be readdressed.

Consultant in
Public Health

5.8 **Conclusion:**

The Board noted the report and endorsed the Self-Management Strategy 2017-2020.

6. **STREET TRIAGE SCHEME**

[Officer Contact: Dr Amie Birkhamshaw, Head of Criminal Justice, Police and Crime Commissioner's (PCC) office]

6.1 The Board received a report with an update on the work of the Street Triage Scheme in relation to S.136 and were asked to consider the next steps in evaluating the scheme.

6.2 Members acknowledged that custody was the worst place for a person in mental health crisis and that Hertfordshire was one of three Police Forces that did not currently use custody for people in mental health distress. It was advised that having the right support for people in mental health crisis was more effective than police support and that the update in the report was whether to consider a full cost benefit analysis to determine whether the scheme should be permanent.

6.3 It was noted that there had been a reduction in the number of A&E patients and that police officer time had been saved, however further assessment was required to determine if the scheme would lead to a continued reduction in S.136s. Members acknowledged that once a S.136 was issued it could not be rolled back and therefore it was brilliant to have a system to avoid it where possible and to empower people to get back on their feet.

6.4 The Board supported the need for a full cost benefit analysis, with a focus being on which models worked best to get people engaged and provided the best cost value.

6.5 Members discussed the reasons behind the West of the county having a higher level of demand for this type of intervention but it was noted that there had not been any evidence for an established link. It was however suggested that based on other research, being located closer to licensed premises had an impact, in terms of where alcohol related incidents occurred.

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Conclusion:

6.6 The Board noted the content of the report and acknowledged that the Police and Crime Commissioner would commission a full-cost benefit analysis, which would inform a decision around whether the Street Triage Scheme should be made permanent.

7. 2017-19 BETTER CARE FUND PLAN

[Officer Contact: Jamie Sutterby, Assistant Director, Integrated Health/Edward Knowles, Assistant Director, Integrated Health, Tel: 01992 588950]

7.1 The Board heard that there had been a delay in further guidance being released and that it would not be available until the end of March 2017.

7.2 Given the delay in guidance it was noted that a session would be held at the development day with further discussion at the June 2017 Board Meeting when a decision would be made.

7.3 Members commented on the delays and it was agreed that a letter should be written to NHS England expressing the disappointment of the delays.

Conclusion

7.4 The Board noted that this item would be brought back to the June 2017 meeting and that a letter would be sent to NHS England with regards to the delays of producing guidance.

7.5 The following recommendation was deferred:

“The HWB agreed to delegate sign-off of the final 2017-19 BCF Plan to the HWB Chairman, in consultation with the Chief Executives/Accountable Officers of Herts Valleys, East & North Hertfordshire and Cambridgeshire and Peterborough CCGs, and the Director of Adult Social Care for Hertfordshire County Council.”

8. HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY UPDATE

[Officer Contact: David Conrad, CPH Evidence & Intelligence, Public Health, Tel: 01992 555391]

8.1 Members received a report which provided an update on the process in place to report performance on the delivery of the Health and Wellbeing Strategy 2016-20. Members were given a presentation that gave an overview of the new reporting tool which can be viewed here: [Health and Wellbeing Strategy Presentation](#).

8.2 Members noted that the statistics for each of the four key life

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strategies of the Health and Wellbeing Strategy were to be updated on a quarterly basis via a dashboard on a new website (www.healthevidence.org). This website would also be updated regularly to provide updates and store Public Health information. Members were given an overview of the user guide, which could be used to interpret the dashboard and provide clarity on the indicators.

- 8.3 It was proposed that a formal performance report would be made to the Board every six months with any interim updates, if required, provided at the Board's development days.
- 8.4 Members commented on the colour codes used on the dashboard and suggested that it would be useful to have a simpler breakdown for general consumption, with two/three colours which highlighted at a glance any trends and how Hertfordshire was performing against the benchmark.

Conclusion

- 8.5 The Board noted the report and agreed the process for reporting of performance on the Health and Wellbeing Strategy 2016-2020.

9. MOTION REGARDING THE FUTURE OF COMMUNITY PHARMACY SERVICES IN HERTFORDSHIRE

- 9.1 Members discussed the Governments plans to reform and change funding for pharmacies after it was announced late in 2016 that changes were to go ahead. The Board noted a request by the Adult Care and Health Cabinet Panel, for the Chairman to write to NHS England outlining concerns of the reforms.
- 9.2 The Board noted that community pharmacies played an important part in self-management and that they could help reduce the pressure on primary care.
- 9.3 Members discussed that with the amount of new housing developments being built, that would not be of sufficient size to warrant a GP surgery, a high quality pharmacy would be a good resource.
- 9.4 The Chief Executive of ENHCCG advised the Board that they were part of the consultation and it was noted that the mechanism in the way in which pharmacies were funded was outdated and that the spread of them needed to reflect each areas pharmaceutical needs.

Conclusion

- 9.5 The Board agreed that the Chairman, in consultation with the Chief Executive of ENHCCG, would write to NHS England commissioners to highlight the importance of access to pharmacies and pharmacy

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services throughout the County, especially in rural areas and the vital role local pharmacies had in supporting vulnerable people.

10. ANY OTHER URGENT BUSINESS

None.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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