

# Minutes



To: All Members of the Health & Wellbeing Board

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

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## HEALTH AND WELLBEING BOARD 14 DECEMBER 2016 M I N U T E S

### 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  
T Heritage, County Councillor  
D Lloyd, Hertfordshire Police and Crime Commissioner  
I MacBeath, Director of Health and Community Services  
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 Jim McManus, 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.

#### ACTION

### 3. SUSTAINABILITY AND TRANSFORMATION PLAN

[Officer Contact: Tom Cahill, Chief Executive, Hertfordshire Partnership, NHS Foundation Trust Tel: 01707253851]

- 3.1 The Board received a presentation updating them on the publication of the Hertfordshire and West Essex Sustainability and Transformation Plan (STP), which was submitted as a draft to NHS England on 21 October 2016, then published on 12 December 2016. The STP can be viewed here: [Sustainability and Transformation Plan](#).
- 3.2 Members noted the three aims of the STP; working with local communities to give people the choices to live healthier lives; enabling people to stay as independent as possible and enabling people to return to the community once they have received their specialist treatment or hospital care.
- 3.3 The forecast year in position was a £90 million deficit and for every future year that nothing was done the additional financial cost would be £401 million or £550 million if social care was taken into account.
- 3.4 Following the STP publication, external support had been brought in to test the plans and ensure the data was valid and to determine what could be delivered by April 2017/18.
- 3.5 Members commented on the governance of the STP and discussed who made the decisions on spending. It was reported that the spending would be down to the relevant organisation as the STP was not a governing body.
- 3.6 The Board debated the ongoing financial savings required per resident and advised that further work could be undertaken to obtain figures that showed the true extent of the savings that needed to be achieved.
- 3.7 Members discussed the challenges of operating within an STP structure and commented on the need for continued cross-boundary working in order to provide continued effective service.
- 3.8 The Board noted the final paragraph of the letter received from David Mowat MP which can be viewed here: [David Mowat MP Letter](#) and considered the work of the Health and Wellbeing board in terms for supporting joint Health and Wellbeing Strategies.

#### **Conclusion:**

- 3.9 Members of the Board noted the content and publication of the Hertfordshire and West Essex STP.

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#### 4. **BETTER CARE FUND PERFORMANCE UPDATE AND DIRECT TRANSFER OF CARE OVERVIEW**

[Officer Contact: Jamie Sutterby, Assistant Director, Integrated Health, Tel: 01992 556300]

- 4.1 The Board received a report and a follow up presentation that gave an overview of the 2016-17 Better Care Fund Performance in Hertfordshire to date. The latest data was from August 2016 and was available publically. The presentation can be viewed here: [Better Care Fund Presentation](#)
- 4.2 There had been some significant progress with ongoing initiatives such as a more integrated approach towards discharge from acute to social care and the increased use of services offered by the voluntary sector.
- 4.3 It was advised that the delayed transfer of care (DToC) position was still behind target; however, it was acknowledged that this was also a National issue. Members noted that 75% of delays were from Watford hospital and heard that work was being undertaken in order to reduce these delays.
- 4.4 Members commented on the difficulty of understanding the figures and graphs in the report and presentation. Officers assured Members that this would be more user friendly in the future.
- 4.5 The Board acknowledged that working with cross boarder organisations would provide better health outcomes for residents in Hertfordshire and those that access care just outside of Hertfordshire.
- 4.6 Members discussed the possible reduction in commissioning residential and nursing care. It was acknowledged that there were a reduced number of beds available as care homes would bring in residents from London where they could attract a higher rate, in turn increasing the costs for Hertfordshire.

#### **Conclusion:**

- 4.7 The Board noted the key points of 2016-17 BCF performance, risks and finance to date and provided feedback on their needs in terms of regular BCF reporting as detailed above.

#### 5. **MENTAL HEALTH STRATEGY**

[Officer Contact: Simon Pattison, Head of Service, Integrated Health care Commissioning Team / Helen Cavanagh, Commissioning Manager, Tel 01438 845319]

Jamie  
Sutterby

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- 5.1 The Board received a report which provided an update on the Mental Health Strategy and Action plan for Hertfordshire for 2016-2020. Members heard that the action plan would be a live document and updated on a quarterly basis, dependent on funding and resources. Members acknowledged the good work of the strategy and agreed that it was important that the action plan remained live.
- 5.2 Members commented that the strategy did not appear to be inclusive of young people and acknowledged that improving young people's mental health should be reflected further in the strategy i.e. the impact on education as well as employment.
- 5.3 The Board explored whether the way in which GPs recognised Mental Health issues was highlighted sufficiently in the report and it was agreed that whilst the strategy overall was an excellent document, the robustness of it within the current climate and pressures on resources was yet to be seen. Members acknowledged that it was year one of a lifetime strategy with a five year forward view.
- 5.4 It was noted that areas around Mental Health and Learning Difficulties should not suffer when there were budget restraints and therefore the Board would sign up to promoting the strategy with these areas being prioritised.
- 5.5 The Board questioned if additional funding had been made available for Child and Adolescent Mental Health Services (CAMHS) and were advised that just over £2 million was allocated to CAMHS and was reviewed regularly.
- 5.6 It was noted that investment needed to be protected in order to continue to make the strategy effective and meet the needs of residents.

Simon  
Pattison

**Conclusion:**

- 5.7 The Board noted the report and endorsed the Mental Health Strategy 2016-2021 and Action Plan.

**6. MENTAL HEALTH CRISIS CONCORDAT UPDATE**

[Officer Contact: Anna Hall, Senior Commissioning Manager – Health and Community Services, Tel: 01438 843043]

- 6.1 Members received a report with an update on the work of the Crisis Care Concordat Partnership.
- 6.2 The Concordat was introduced in order to improve outcomes for people with mental health needs and required local partnership working across the County. It was reported that this had been a good

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example of services working together to make better use of the funding available.

- 6.3 The Board heard that a lot of work had been undertaken alongside the Fire Service to address what could be done in terms of prevention and it was noted that training provided in relation Mental Health was beyond statutory obligation in order to support people before they reached crisis point.
- 6.4 Members were pleased to note that the Hertfordshire Partnership University NHS Foundation Trust had secured additional funding which would be used for a dedicated place of safety for children and young people that were engaged in the S.136 (Mental Health Act) process being built.
- 6.5 Members welcomed the report and highlighted the positive move and considered how services could link in with the Drug and Alcohol Strategy. In addition, it was noted that continued work could address the Armed Forces Covenant in terms of those with Mental Health or alcohol issues.

**Conclusion:**

- 6.6 The Board noted the content of the report.

**7. SYSTEMS INTEGRATION AND LOCAL DIGITAL ROADMAP**

[Officer Contact: Gareth Hillier, Project Manager - Health and Community Services, Tel: 01438 844339]

- 7.1 The Board received a report that detailed the overview of digital integration in Hertfordshire (and West Essex) and an update on the Local Digital Roadmap.
- 7.2 The Herts Digital Integrated Care Programme Board had made good progress in the following areas; creating data sharing agreements (paving the way for projects requiring the legal sharing of data), collating linked data sets (cross-partner, countywide aggregated data collation with linking functionality through NHS number) and providing technological support of pilot activity (providing technological enablement to localised integration initiatives).
- 7.3 Members welcomed the move towards technology and infrastructure supporting Officers being able to work from any location and working jointly to make savings.
- 7.4 Members heard that in line with the Sustainability and Transformation Plan for Hertfordshire and West Essex, NHS England also required a Local Digital Roadmap (LDR). The LDR represents the digital requirements in order to achieve the ambitions set out in the STP and

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Members heard that Officers were initially baselining where the Local Authority was and how to bring it up to speed. Members noted that funding was an issue as well as concerns in relation to information governance but welcomed ongoing progression.

- 7.5 The Board noted the potential improved outcomes for residents who moved between GP practices or accessed acute services outside the Local Authority boundaries in order for their data to follow them. Members discussed the possibility of patients holding their own medical data however, concerns were raised with regard to the practicalities of this.

**Conclusion:**

- 7.6 The Board noted the content of the report.

**8. COLD WEATHER PLANNING**

[Officer Contact: Owen Tomlinson, Local Resilience Forum Manager, Tel: 01992 555959 / Gill Goodlad, AD CPH Health Protection and Resilience, Tel: 01438 845901]

- 8.1 Members received a report which detailed the County Council's arrangements for cold weather in the run up to winter 2016/17.
- 8.2 The County Council had well developed and robust arrangements in place in line with the Civil Contingency Act 2004. Members heard that there was a Resilience Board that oversaw the day to day activity of each department and that in the event of an incident the Board became the Incident Management Team and it would be their task to coordinate a response to the organisation and multiagency partners. It was acknowledged that this was a key strength of the Council as contingency was integrated in to day-to-day business and there was a separate contingency plan for each site. Members were assured that a key part of the service included ensuring open communication with the CCG's so that joint action could be taken.
- 8.3 The Cold Weather Plan for England was First published in 2011 and provided a framework for protecting the population from harm to their health. It was advised that the plan identified five alert levels (0-4) and each level would trigger a series of appropriate actions. It was noted that the Authority were provided with detailed and fairly accurate weather alerts from the Met Office and the National Severe Weather Warning Service. Members heard that the cold weather watch system ran every year from 1 November to 31 March and was responsible for providing alerts for the County Council to assess the impact on Health and Social care.
- 8.4 Officers acknowledged that it was vital that the key public health messages from the plan were sent out correctly and that communities

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were encouraged to focus on looking out for the elderly and vulnerable.

- 8.5 Members heard that the Local Resilience Forum held a meeting in November 2016 and reassurance was provided in that the service was prepared for winter and that there were no gaps to be concerned about.
- 8.6 The Board discussed the use of highway message boards to advocate practical health messages and it was agreed that this would be conversed with the service.

Owen Tomlinson

**Conclusion**

- 8.7 The Board noted the County Council’s approach to cold weather planning.

**9. HERTS VALLEYS FINANCIAL TURNAROUND AND DECISION MAKING**

[Officer Contact: Jamie Sutterby, Assistant Director, Integrated Health, Tel: 01992 556300]

- 9.1 The Interim Accountable Officer of Herts Valley Clinical Commissioning Group (HVCCG) opened discussion around the recent decision for HVCCG to withdraw £8.5 million funding to HCC to protect adult social care for the benefit of health from April 2017. It was explained to Board Members that HVCCG were under scrutiny to look at their entire spend with £15 million to be saved in the next financial year. A new HVCCG Investment Committee had been formed with a meeting held on 1 December 2016, which looked at where money could be saved. Board Members heard that health spends were the main priority for HVCCG, however, there was still a commitment to working in partnership with the County Council and other partners to determine how best to spend the £1 billion allocated to West Hertfordshire for Health and Social Care.
- 9.2 In response to a Member question around whether the full impact of this decision had been assessed prior to the decision, Members were advised that it had not but HVCCG were looking at where their funding had been spent in terms of social care and once they had that information there would be further detailed analysis to determine the impact. Members were clear that reduction of funding in social care could have a significant and negative knock on effect on the Health Service.
- 9.3 Members of the Board reflected on the decision and noted that the Board had been working towards greater integration through the STP. Members heard that HVCCG remained committed to the Better Care Fund (BCF) and how it was performing but that as they were under

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scrutiny to make a financial turnaround they had to make some difficult decisions. Once HVCCG were in a balanced financial position they would then have the funds to consider future investments.

- 9.4 Members pointed out that the withdrawal of funding from Social Care appeared to save HVCCG 56% of the total savings they required. Members commented on the decision process and considered what it meant for the end user.
- 9.5 It was noted that the Board covered the whole of Hertfordshire and that there would potentially be an inequity in provision of care on both sides of the County following withdrawal of funding.
- 9.6 Members explored whether the return on investment from Hertfordshire County Council had been considered and it was agreed that some work would be undertaken to consider this and how the Board could work collaboratively in order for this to be progressed.
- 9.7 HVCCG representatives advised that the three main causes of their financial difficulties were non-achievement of their financial savings targets, the increase in activity costs of acute care and the cost of patients requiring continuing health care. These pressures cannot be addressed through efficiency and back office savings alone. It was acknowledged that the 'Your care, Your Future' was very clear that if changes were not made then there would be an enormous financial unsustainability in the system, and because of this that it is important to continue the integrated working to deliver savings and better health outcomes.

**Conclusion**

- 9.8 Members of the Board noted the financial context, likely consequences and commented as detailed above.
- 9.9 Officers highlighted that they were awaiting a response from HVCCG in relation to a letter sent from the County Council. Representatives from HVCCG advised that they would respond as soon as the letter was received.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

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