

# Minutes



To: All Members of the Health & Wellbeing Board

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

---

## HEALTH AND WELLBEING BOARD

14 JUNE 2017

### MINUTES

#### ATTENDANCE

#### MEMBERS OF THE BOARD

J Coles, Director of Children's Services  
M Downing, Healthwatch Hertfordshire  
H Pathmanathan, N Small, Clinical Commissioning Group Representatives  
T Heritage, County Councillor  
D Lloyd, Hertfordshire Police and Crime Commissioner  
I MacBeath, Director of Adult Care Services  
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

##### 1. MINUTES

- 1.1 The minutes of the Health and Wellbeing Board meeting held on 2 March 2017 were confirmed as a correct record of the meeting.

##### 2. PUBLIC QUESTIONS

- 2.1 There were no public questions.

##### 3. HERTFORDSHIRE HOME IMPROVEMENT AGENCY

[Officer Contact: Alison Spalding, Project Manager, Hertfordshire County Council, Tel: 01992 588208]

- 3.1 The Board reviewed a report detailing the progress in setting up a Home Improvement Agency in Hertfordshire. The Board heard that the project had been a collaboration between the County Council and four District Councils, with the intention that further districts join the programme from April 2018. Members heard that other districts had been unable to join due to ongoing contracts.

#### ACTION

- 3.2 Members noted that the aim of project was to create a streamline work process to enable residents to live independently in their own homes with the assistance of a single case worker. Members were advised that the programme was also seeking to go beyond means tested customers to allow residents to pay for Council services to help them live independently. It was noted that appendix 2 showed the number of areas where a single team could assist with revenue and benefits within a district and it was highlighted that a lot of people did not claim the benefits that they were entitled to.
- 3.3 Members noted that graph 4.4 showed North Herts to be a major spender but advised that the grant was enhanced by nearly 100% locally. The Board discussed the figures in 4.4 of the report and noted that whilst the variations did not appear to match the population size, the amount was set by Central Government using a relative needs formula and could be topped up by the districts.
- 3.4 Appendix 2 was discussed further and Members heard that funding for the model would come from residents that had to pay for services via means testing. Members heard that some residents would be more than happy to pay for a trusted service.
- 3.5 In response to a Member question, Members heard that it was hoped that the success of the programme would lead to more Local Districts joining the programme in the future. It was noted that the new team would need to work alongside staff of those districts that had not joined the programme.
- 3.6 Members heard that the shared service would have a governance structure with a Senior Officer from each authority involved to feedback on progress and an Executive Member steering group that would require an annual progress report.
- 3.7 Members discussed whether the Home Improvement Agency would guarantee speedier delivery of services and it was advised that the end to end process had been reviewed, with any duplicated work removed and a single case worker would be allocated to diminish delays. It was noted that there had not been any specific targets set to date and whilst baseline data was available, key performance indicators were being reviewed.
- 3.8 It was noted that a further progress report would return to the Health and Wellbeing board in March 2018.

**Conclusion:**

- 3.9 The Board noted progress the made in setting up a Home Improvement Agency in Hertfordshire.

Health and Wellbeing Board Manager / DSO

**CHAIRMAN'S INITIALS**

.....

**4. UPDATE ON THE CHILDREN'S COMMISSIONING PRIORITIES**

[Officer Contact: Jenny Coles, Director of Children's Services, Tel: 01992 555755]

- 4.1 The Board received a report that gave an update on the Children's Commissioning Priorities. The report and a follow up presentation on the Child Adolescent Mental Health Service Transformation (CAMHS) can be viewed here: [CAMHS presentation](#)
- 4.2 Members noted that overall there had been considerable progress on the work streams with some areas having faced more challenges than others. The Board were given an overview on each of the three children's commissioning priority areas; Early Childhood Services, 0-25 years Special Education Needs and Disability (SEND) and Child Adolescent Mental Health Service Transformation (CAMHS).
- 4.3 In response to a Member question around funding for Baby Feeding schemes, it was advised that the elements highlighted within the report were funded.
- 4.4 The Board discussed the schools link project within CAMHS and what could be done collaboratively to ensure that the increasing demand for more complex needs could be met. Members acknowledged that historically children accessed services via the NHS and that it needed to be cascaded that schools could make referrals too. It was noted that school referrals were usually more robust and that where there was a need for specialist provision it would be better to be school based rather than clinical based.
- 4.5 Members acknowledged that whilst there had been good progress, especially with managing exam stress, waiting times for CAMHS services still required improvement to tackle too much avoidable illness amongst young people , drug and self-harm and too many young suicides across the county.
- 4.6 It was noted that for the first time in 15 years an early intervention service was underway but that the full impact of the service may not be seen for 4-5 years, for young people with moderate mental health needs. The Board noted that adults needed to guide young people where they could go for help.
- 4.7 The Board noted that a Development Day session to discuss shared resources would be useful.

**Conclusion:**

- 4.8 The Board discussed (as above) and noted the progress of the

Health and Wellbeing Board Manager

**CHAIRMAN'S INITIALS**

.....

children's commissioning work programme under the Health & Wellbeing Board strategic priorities of Starting Well & Developing Well.

**5. 2017-19 BETTER CARE FUND PLAN**

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

- 5.1 Members received a report and presentation updating on the Better Care Fund Plan 2017-2019. The presentation can be viewed here: [Better Care Fund Plan 2017-2019 Presentation](#)
- 5.2 It was noted that the update to The Board had been postponed from the March 2017 meeting due to lack of NHS England guidance. Members heard that the guidance was still awaited, despite being imminent since December 2016.
- 5.3 Members noted the summary of the new plan, including the vision and priorities and acknowledged that they would receive a full copy of the plan once the NHS England guidance became available.
- 5.4 Members discussed the recommendations to change the performance metrics. It was noted that the metrics for 'Service User Engagement' and monitoring dementia diagnosis were locally chosen metrics that were not required to be reported on centrally. Members heard that the 'Service User Engagement' metric was not recorded anywhere else and that it was not providing any useful information locally; however Members were advised that the dementia diagnosis was relevant to continue.
- 5.5 In response to a query on why dementia diagnosis should be a metric given that it was not funded by the Better Care Fund and deemed unmeasurable, Members heard that it was an initial indicator set up when Health and Social Care budgets were pooled and were advised that a dementia dashboard could be created to measure the performance, to which Members agreed.
- 5.6 Members highlighted that the ongoing risks of pooled budgets had not been considered in the report and it was advised that there was more transparency of pooled funds and that the risk register should record this.

**Conclusion:**

- 5.7
  - The Board provided comments on the 2017-19 BCF Plan from the information provided in the report and the accompanying presentation. A draft of the narrative plan would be sent to Health and Well Being Board Members for comment once final guidance

**CHAIRMAN'S  
INITIALS**

.....

is received from NHS England.

- 5.8 • Formal sign off of the plan was delayed pending final guidance and further information discussed at a development day in September 2018.
- 5.9 • For the BCF 2017-19 locally defined performance metrics – the HWB agreed to:
  - remove the local 'Service User Engagement' performance metric (based on the HCS Enablement Survey), as the survey was only continued for BCF monitoring purposes.
  - continue to monitor dementia diagnosis, via a dashboard, as a useful measure of progress in this area, and a recognition of the importance of dementia services in integration plans.

## **6. HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION UPDATE**

[Officer Contact: Tom Cahill, Chief Executive, Hertfordshire Partnership NHS FT, Tel: 01707 253851]

- 6.1 The Board received a report and a follow up presentation which gave an update on the Hertfordshire and West Essex Sustainability and Transformation Partnership. The presentation can be viewed here: [Hertfordshire and West Essex Sustainability and Transformation Partnership Presentation](#)
- 6.2 Members heard that £480 million would need to be saved by the NHS in Hertfordshire if current funding levels were implemented over the next five years. The aim of the partnership was to save money and improve health and wellbeing and demand on services.
- 6.3 Members considered what role the Health and Wellbeing board played in saving money in the long term and what role it could play in communicating what the Sustainability and Transformation Partnership would like to achieve.
- 6.4 The Board acknowledged that it was good to be thinking about its priorities and communication and noted that there was not a shared communications department with the Clinical Commissioning Groups and discussed whether they had their own visions.
- 6.5 Members heard that there had been some subtle changes including the move from the 'Sustainability and Transformation Plan' to the 'Sustainability and Transformation Partnership' which created the general ethos of a shared problem.
- 6.6 The Board noted the need for national direction and noted that decisions may be placed upon Members of The Board. Members noted that it was a crucial time to be upfront with the public about the

**CHAIRMAN'S  
INITIALS**

.....

decisions that needed to be made as there would not be a significant change to the budget and the decisions would be taken across a variation of bodies. It was acknowledged that the Health and Wellbeing Board provided the framework of partnership working and provided a forum to discuss decisions that would impact across The Board.

- 6.7 Members discussed the governance of the Sustainability and Transformation Partnership and requested that a paper is brought back to the Health and Wellbeing Board on the Sustainability and Transformation Partnership roles and the Health and Wellbeing Board.

Assistant  
Director  
Integrated  
Health /  
Democratic  
Services  
Officer

**Conclusion:**

- 6.6 The Board noted the status update.

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

**CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP REPRESENTATION AT THE HERTFORDSHIRE HEALTH AND WELLING BOARD**

[Officer Contact: Stephanie Tarrant, Democratic Services Officer, Tel: 01992 555481]

- 7.1 Members received a report which detailed the request for Cambridgeshire and Peterborough Clinical Commissioning Group to be represented at the Hertfordshire Health and Wellbeing Board by East and North Herts Clinical Commissioning Group.
- 7.2 The Board welcomed the approach of a current Board Member understanding and relaying interests on behalf of Cambridgeshire and Peterborough Clinical Commissioning Group, as it was noted that a significant number of Hertfordshire residents were not being represented on the Board. However, The Board declined to support the formal representation request as this would transfer voting rights to East and North Herts Clinical Commissioning Group.
- 7.3 Members discussed why Cambridgeshire and Peterborough Clinical Commissioning Group were requesting representation now and it was noted that there had been a change in personnel and that they were looking to work more in partnership. The Board heard that there had not been any indication from GP practices based in Hertfordshire that they were wishing to return to a Hertfordshire Clinical Commissioning Group.
- 7.4 It was noted that the Constitution of the Health & Wellbeing Board needed to be updated to include Cambridgeshire and Peterborough Commissioning Group as a member (voting) of the Board.

**CHAIRMAN'S  
INITIALS**

.....

**Conclusion**

7.5 The Board:-

- (i) noted the changes to its Membership as set out in the report;
- (ii) noted that the Board's Constitution would be amended as set out in the report; and
- (iii) did not agree the request of Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) that East and North Herts Clinical Commissioning Group represent CPCCG at meetings of the Health & Well Being Board pursuant to s194(7) of the Health & Social Care Act 2012.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

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

**CHAIRMAN'S  
INITIALS**

.....