

# 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 17 OCTOBER 2018

### MINUTES

#### ATTENDANCE

#### MEMBERS OF THE BOARD

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

#### OTHER MEMBERS IN ATTENDANCE

N A Quinton

#### PART I ('OPEN') BUSINESS

#### ACTION

##### 1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 1 March 2018 were confirmed as a correct record of the meeting.

##### 2. PUBLIC QUESTIONS

2.1 There were no public questions.

**3. DEVELOPING A POPULATION HEALTH MANAGEMENT APPROACH**

[Officer Contact: Jim McManus, Director of Public Health, Tel: 01992 556884]

- 3.1 The Board reviewed a report which outlined a Population Health Management Approach for the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP).
- 3.2 The Board heard that without intervention the volume of people requiring avoidable treatment would continue to increase. A population health management approach would develop pathways to ensure that the right prevention and treatment was in place. The Board discussed whether it was personal responsibility to manage lifestyle change but it was agreed that it was also clinical culture that needed to change, as GP's too readily offered prescriptions rather than promoting non-clinical interventions. This would require culture change and pathways approaches and a clear focus on populations which would benefit most from this approach. This would be refined further for input into the Clinical Strategy.
- 3.3 Members acknowledged that Councillors could help to influence a change in resident's mind-set, manage expectations and empower people to move forward.
- 3.4 The Board agreed to further consider and expand on the Population Health Management Approach at an away day.

**Conclusion:**

- 3.5 The Board:
  - agreed to support a Population Health Management approach as outlined in the presentation.
  - considered how to achieve the change required to embed Population Health Management approaches, and its role in this.

**4. SUPPORT FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING – STARTING WELL, DEVELOPING WELL**

[Officer Contact: Joella Scott, Strategy Manager, Tel: 01992 588451]

- 4.1 Members of the Committee reviewed a report which highlighted the measurable improvements in joint working and partnership provision that had been implemented across the children's system, following on from the 2015 Child and Adolescent Mental Health Service (CAMHS) review and in line with the CAMHS Local Transformation Plans.
- 4.2 The Board heard that wider partners had recognised that, whilst there is still work to be done, a lot of work had been accomplished in

Wendy Tooke,  
Health and  
Wellbeing  
Board  
Manager

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supporting an improved offer for children and young people’s mental health and emotional wellbeing. There had been a focus on delivering mental health first aid training, and the further introduction of Children’s Wellbeing Practitioners, the Empathy Project and CAMHS school link managers to improve the system. Members noted that the ‘Just Talk’ campaign reached 9 million twitter impressions and reached 250,500 people via Facebook, SnapChat and Instagram (90% of which were Hertfordshire teenage boys).

- 4.3 The Board noted that Hertfordshire had one of the lowest suicide rates in England and better bereavement support was a focus. It was noted that all but one newspaper in Hertfordshire (Herts Adviser) had recently signed up to a new charter showing their commitment to report the subject of suicide with sensitivity.
- 4.4 Members were given an update since the Green Paper on Transforming Children and Young People’s Mental Health Provision, which was provisionally presented to the Board in December 2017. The recommendations of the Green Paper were being taken forward with the application to become a ‘trail blazer’ made and the result of the bid expected on 22 October 2018.
- 4.5 The Board heard from Heather Moulder, Independent Consultant, on the autism diagnostic pathway in Hertfordshire and whether it could be improved. The Board noted that 10 children were being taken through a pre-testing to develop a new concept. Members heard that consideration was being given to those on the autism pathway to have access to CAMHS services without having to go to the back of the queue again. It was noted that there were concerns from HPFT that people may refer to the autism pathway as a quicker route into CAMHS.
- 4.6 The Board discussed why there were children reaching crisis point at such a young age in the first place. Working with schools and families from birth was acknowledged as vital to ensure that clinical intervention was not required. Members noted that a population health approach would assist to reach families early on with maternal mental health and domestic abuse focussed on. The Board were reminded of the research on Adverse Childhood Experiences for Hertfordshire commissioned by Public Health. It was agreed that the mapping work being undertaken on this would be brought to a future board and include consideration why young children were being found to have such complex needs.
- 4.7 Members commented on the number of young people, particularly those who are not in education that came into crisis and discussed how they could be supported earlier if they were not known about. In addition, transition periods were acknowledged to be an area that could attribute to poor mental health. It was noted that as part of that, a consideration for the new HPFT contract, could be to extend to 0-25

Jim McManus,  
Director, Public  
Health

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years old. This had been achieved as part of the new all age drug and alcohol service commissioned by Public Health, however it was noted that CAMHS had a 'did not attend problem' which was wasting resources. Transition was on the NHS work programme for the coming year. A future report for the Health and Wellbeing Board identifying what services in Hertfordshire worked well and those where there were gaps was requested.

Simon  
Pattison,  
IHCCT and  
Joella Scott,  
CS

4.8 In response to a Member question on the third recommendation around funding, it was advised that the recommendation sought consideration into the integrated ways available to manage resources across the children's system.

4.9 The Board acknowledged the overall improvement from the CAMHS review three years ago and noted that whilst there were still improvements to be made, waiting times had reduced and investment had increased.

**Conclusion:**

4.10 The Board agreed:

- To continue to focus on system wide approaches to key preventative messages, for example Public Health's 'Just Talk' campaign that promotes positive wellbeing and improved resilience in Hertfordshire's children and young people.
- To support continued joint commissioning and partnership arrangements, to enable continued sharing of resources across the children's system in a cost effective way that supports improved outcomes for Hertfordshire's children and young people.
- To consider ongoing commitment to ensure (or work towards) appropriate allocation and parity of resource, within the agreed budget for Children and Young People's mental health and emotional wellbeing, in relation to Adult provision.

**5. HERTFORDSHIRE ALL AGE AUTISM PARTNERSHIP BOARD**  
[Officer Contact: Le Ho-Everiste (Independent Chair), Tel: 07985 141 680]

5.1 The Board welcomed a report which provided an overview of the Hertfordshire All Age Autism Partnership Board (HAAAPB).

5.2 Members of the board heard that there on average there was between a 7 and 26 month wait for an autism diagnosis in adults and a 8-26 month wait for an autism diagnosis in children, with an average spend of 60p per head for autism in comparison to a £60 per head spent on dementia. The job of the HAAAPB was to raise the profile of the invisible cohort and ensure that the needs of people with autism were being heard.

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5.3 The Board discussed how the HAAAPB could be used more effectively to co-produce initiatives. It was noted that at key issue of the HAAAPB was with attendance as it relied on the good will of partners to attend. The Board heard that the 2018/19 objectives (page 4 of the report) for the HAAAPB had been left blank, as the HAAAPB would like to work with partners to co-produce these. The Board acknowledged the frustrations raised by HAAAPB and agreed that officers would be available to support the HAAAPB in its role. With regards to the employment objective, the role of Councillors in promoting skills into employment and educating employers was discussed.

All Members of the Board

5.4 The Board noted the HAAAPB's link to the SEND transformation programme and discussed taking a partnership approach. The HAAAPB could be a key partner in the development of the programme and part of the wider stakeholder set up.

5.5 The Board agreed that many of the requests from the HAAAPB's could be resolved by obtaining the right links with other services and that these would be signposted following the meeting. In addition, it was noted a clear deliverable was to reduce waiting times and that this could be looked at in partnership.

All Members of the Board

**Conclusion:**

5.6 The Board agreed:

- To recognise the 'My Health Purple Folder' for people on the autism spectrum and to be promote it to GP surgeries.
- To identify a robust approach to recording the number of autistic children and adults there are in the county and to carry out a needs assessment examining the gap between the existing demand and the existing current service offer to autistic individuals and their families.

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

[Officer Contact: Edward Knowles, Assistant Director, Integrated Health / Kitri Simon, Project Officer Integrated Care Tel: 01992 588950]

6.1 The Board received a report which provided an overview of 2017-18 Better Care Fund performance in Hertfordshire and an update on Q1 of 2018-19.

**Conclusion**

6.2 The Board noted the contents of the report.

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**7. STP UPDATE: WITH A FOCUS ON THE CLINICAL STRATEGY**  
[Officer Contact: Deborah Fielding, STP Leader, Tel: 01707 247253]

7.1 The Board received a report and a presentation which provided an update on the work underway in Hertfordshire and West Essex STP, in particular the ongoing development of STP wide clinical strategy and its alignment with the Medium Term Financial Plan. A copy of the presentation can be viewed here: STP Update Presentation

7.2 Members noted that this item linked very closely with Population Health Management (Item 3 on the agenda).

7.3 The Board heard that only 15% of the £3.1 billion spent on health and social care interventions had an impact on health outcomes. It was advised that currently 43% of spend was only used on caring for 12% of the population. A 10 year financial plan had been forecast and showed that the collective NHS Hertfordshire and West Essex deficit would increase from £86 million this year to £719 million, should any changes not be made. This would equate to a need for 600 more beds and a workforce increase of 4000. It was noted that Hertfordshire County Council's social care deficit was projected to increase by £173.4m by 2026/27.

7.4 The vision and principles of the strategy were noted by the Board along with the notion of moving towards a population health management approach.

**Conclusion**

7.5 The Board noted the development of the clinical strategy and planned engagement with clinicians and stakeholders.

**8i. HERTFORDSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT**

[Officer Contact: Janet Jones, Service Manager Quality Assurance & Audit, Tel: 01438 737348]

8.1 Members received a copy of the Hertfordshire Safeguarding Children's Board Annual Report which the Chair of the LSCB must publish on the effectiveness of child safeguarding and promoting the welfare of children in the local area, in accordance with Working Together (2015). The report highlighted local background and context for safeguarding children in Hertfordshire.

**Conclusion**

8.2 The Board noted the content of the report.

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**8ii. HERTFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

[Officer Contact: Mary Moroney, Hertfordshire Safeguarding Adults Board Business Manager, Tel: 01992 556603]

8.1 Members received a copy of the Hertfordshire Safeguarding Adults Board Annual Report for the period 1st April 2017 to 31st March 2018. The report was produced as part of the Board's statutory duty under The Care Act 2014 and Chapter 14 of the Care & Support Guidance and highlighted the local background and context for safeguarding adults in Hertfordshire.

**Conclusion**

8.2 The Board noted the content of the report.

**9. URGENT & EMERGENCY CARE STRATEGY**

[Officer Contact: Charles Allan/Sharn Elton, Tel: 07766 904380]

9.1 Members reviewed a report which provided an update on the progress with the Herts and West Essex Sustainability and Transformation Partnership (STP) Urgent and Emergency Care Strategy and planning for winter 2018/19.

9.2 The Board heard that a coordinated approach was being taken across the STP with additional winter funding being used to ensure that staffing and resources were in the right place, with extended access to services across evenings and weekends.

9.3 Residents were being reminded to use services wisely, including the NHS 111 helpline and local pharmacists to relieve urgent care pressures.

9.4 NHS generic promotional material was to be shared with Local/County Councillors for dissemination to residents.

9.5 The Board discussed encouraging residents to have the flu vaccine. Members heard that there had been an issue in the timing of the release of the flu vaccine, however 8 million vaccines had been commissioned this year which was an increase of 2 million extra from last year. It was advised that most November deliveries of the vaccine were now being made in October with a mechanism for GP's/pharmacies to place a late order if they did not order enough vaccines originally.

**Conclusion**

9.6 To note the progress so far and the dates for adoption and approval.

NHS  
Representatives

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

10.1 There was no other urgent Part I business.



**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

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

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