

**Healthwatch Hertfordshire - Chairs Report****1. County Council Scrutiny & holding to account**

A number of Board members have been involved in the County Council scrutiny process, most recently Kumar, Michael Taylor and myself were involved in scrutinising Public Health, Adult Care and Children & Young People as part of the Council's budget scrutiny process.

As Chair I attend County Council Health Scrutiny Committee which over the year will scrutinise the activities of the commissioners and providers of health and social care (including services provided by the council itself) and as required will scrutinise specific issues, for instance Nascot Lawn. Senior Executives and Board members of the organisations being scrutinised attend the scrutiny committee and give presentations, answer questions and provide evidence.

Our role is to provide a public/patient perspective on the services and provide evidence and comment on the performance of the providers and commissioners.

In addition, as part of our holding to account role, we regularly meet with senior officers and board members of the providers and commissioners within the Hertfordshire healthcare system as well as council members and senior officers.

As Chair I think the Board needs to discuss our holding to account/scrutiny activities. What we do clearly influences our approach and strategy but I think we need to be more coordinated in how we carry out and report on these activities.

I suggest that we have a full discussion on this at the next Board Advisory Committee = I'll write a paper as a starter.

Incidentally Healthwatch Hertfordshire is being invited to present to the Scrutiny committee, probably in June, an opportunity I welcome to set out what we do and how we add value to the health system in the County.

**2. STP**

At the last meeting of the Health & Wellbeing Board it received a update paper on the STP - you can read it at the following link.

<https://democracy.hertfordshire.gov.uk/documents/s15629/06%20Item%205%20HWBB%20-%20STP%20Update.pdf>

It is likely that the STP (as an Integrated Care System) will be up and running in the very near future. Much detailed work has been done on various clinical pathways and it may well be the most important driver of change in the health and social care service in our area.

I have raised the issue of public influence on the STP/ICS as its main strategic focus, implementation of the long term plan requires change in not only how health and social care are delivered, but in how the public relate to health and social care. The talk is of population health management, an approach that must have public 'buy in' to work.

### 3. CAMHS

There are a number of changes in how CAHMS is being delivered much of which is widely recognised as being a significant improvement as to how the services are being delivered.

A copy of the report can be obtained from: [CAMHS Report](#)

When we discussed this paper at HWB I'd been prompted by Geoff to raise the concern that lower level interventions were often not available, but before I could, HPFT, ENHHT and the police commissioner made the same point, pointing out how the lack of low level support meant that their services were severely impacted.

Children's mental health is one of the priorities identified by the STP/ICS and I believe is a good test to see how the ICS partnership can bring resources from a variety of partners to meet system objectives.

### 3. Board 1:1's

As you will all be aware, following my illness the last round of Board 1:1's was never fully completed. Rather than try to use the information I've agreed with Officers to restart the process.

The purposes of 1:1's are to:

- identify any development /training needs you have as a Trustee or as a volunteer.
- provide an opportunity for you to reflect on the effectiveness of the Board as a whole (particularly in dealing with the 5Ss)
- allow all Board members to express any views they have on the strategic development and governance of HwH.

Steve Palmer  
Chair