Public Document Pack

HEALTH & WELLBEING BOARD

SUPPLEMENTARY AGENDA

Wednesday 9 July 2014
1.30 pm – 3.30 pm
Committee Room 2 – Town Hall

10. FUTURE PRIORITIES, CHALLENGES AND OPPORTUNITIES FOR THE HAVERING HEALTH AND WELLBEING BOARD (Pages 1 - 18)

Report presented by Phillipa Brent-Isherwood.

This page is intentionally left blank

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Priorities, Challenges and Opportunities for the Havering Health and Wellbeing Board
Board Lead:	Joy Hollister Group Director – Children, Adults and Housing London Borough of Havering
Report Author and contact details:	Pippa Brent-Isherwood Head of Business and Performance London Borough of Havering phillipa.brent-isherwood@havering.gov.uk 01708 431950

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☒ Priority 3: Earlier detection of cancer
- ☒ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The Havering Health and Wellbeing Board has now been fully operational for over a year and its Health and Wellbeing Strategy is due for review in 2014. As such, the time is now opportune to revisit the Board's priorities to ensure that they either remain fit for purpose or are amended as necessary going forward.

To commence this work, this report draws from a variety of sources (including the relevant chapters of the JSNA; the corporate and strategic plans of member agencies of the Board; Havering's Better Care Fund submission, and the draft Children and Young People's Plan 2014-17) to identify the current cross-cutting priorities, challenges and opportunities that the Health and Wellbeing Board can seek to exert a positive influence over. The report also "reads across" the national outcomes frameworks for Adult Social Care, the NHS, CCGs and Public Health,

identifying the commonalities between them that the Health and Wellbeing Board may be able to add value to.

This work concludes that the Health and Wellbeing Board's existing eight-point Health and Wellbeing Strategy remains broadly fit for purpose, with a possible need to add a priority relating to the effectiveness of support for people with mental health conditions. This analysis also draws three broad, over-arching conclusions:

1) The strategy going forward needs to be one of demand management. Members of the Health and Wellbeing Board will need to work together to:
    - Keep people out of the health and social care system altogether wherever possible, by taking action to reduce the need for health care and improving the health of the local population;
    - Support people to stay independent;
    - Build community resilience and supporting people to manage their own conditions by helping people and communities to look after themselves and each other wherever possible, and
    - Strengthen the early intervention and prevention offer.

2) For those who absolutely do need to enter the health and social care system, members of the Health and Wellbeing Board need to continue to work together to integrate care across general practice, community services and hospitals, as well as across sectors, both in order to improve patient and service user experiences and outcomes and to secure better value for money. Partners will need to continue to work together to implement the local Integrated Care Strategy, which puts the person at the centre of care provided by integrated teams.

3) All of the above will need to be supported and facilitated by the continued development and delivery of integrated commissioning strategies and activities across the member organisations of the Health and Wellbeing Board.

The report goes on to remind members of the Board about the key legislative changes due to be implemented over the coming year that will impact on the work of the Board going forward. As it looks to refresh its Health and Wellbeing Strategy, the Board will need to be cognisant of the key purpose for which Health and Wellbeing Boards were established under the Health and Social Care Act 2012 – this being to bring key leaders from the health and social care system together to improve the health and wellbeing of their local populations and to reduce health inequalities. Members of the Board may therefore wish to consider adopting this as either an explicit priority or as its overarching vision statement as the Board refreshes its Health and Wellbeing Strategy.

Finally, the report sets out how the Health and Wellbeing Board fits into the wider health and social care system locally, and the other local governance structures through which the Board can seek and receive assurance on the delivery of the identified priorities.

RECOMMENDATIONS

1) That, subject to any amendments by the Board, the content of this report is used as the basis of a refresh of the Board's joint Health and Wellbeing Strategy, which is due in 2014.

2) That, subject to any amendments by the Board, the content of this report is used to develop a suite of data and performance indicators that will be reported to the Board on a regular basis in order to monitor progress against its agreed priorities.

REPORT DETAIL

Priorities and challenges

The Joint Strategic Needs Assessment (JSNA) identifies nine key health issues for the borough, each of which is summarised below:

Dementia

It is estimated that Havering has 3,275 people aged 65+ with dementia, along with more than 2,000 undiagnosed cases, and that these figures are rising. Havering has a significantly lower than expected rate of diagnosis of dementia given its demographics and evidence suggests that the borough is not currently identifying those living with dementia or caring for someone with dementia as well as similar CCGs do, with a six-fold variation observed in the completeness of dementia recording across local GP practices.

Early identification and diagnosis and improving treatment therefore remain priorities and, during the life of the next Health and Wellbeing Strategy, the Board will need to ensure that it fully implements the National Dementia Strategy as well as local schemes, such as the planned Dementia Centre.

Obesity

The problem with obesity in the borough starts in childhood. 21% of reception-aged children are overweight or obese, which is slightly below both the England and London averages. However, for children aged 10-11, this figure rises to 35%, which is above the England average but below the London average. 27% of adults in the borough are also obese, which is significantly worse that the England average and also the second highest rate in London.

Obesity is associated with a higher risk of morbidity, disability and premature mortality as well as raised blood pressure, cholesterol and metabolic syndrome, diabetes and respiratory problems. Type 2 diabetes has also increased in overweight children. Obesity has been linked as well with emotional and psychological effects such as anxiety and depression.

Patterns of obesity are positively correlated with higher rates of child poverty and deprivation. Linked to this, two in three adults in Havering are physically inactive and 7.8% of people use outdoor space for exercise / health reasons in Havering, compared with an England average of 15.3%.

Cardiovascular disease

A greater proportion of people in Havering than in England and other statistically similar local authorities die prematurely from heart disease and strokes. This emphasises the need to reduce the prevalence of cardiovascular disease through primary prevention.

Cancer

Cancer is one of the top four priorities for outcomes improvement across London and represents one of the top three causes of premature mortality across Barking and Dagenham, Havering and Redbridge. Survival rates, although good in parts of the borough relative to the England average, vary with poorer one year survival from colorectal cancer in the borough. It is the aspiration across the three CCGs to achieve European and international best survival rates (equating to approximately 135 lives saved per year) by:

- Commissioning well-evidenced prevention programmes to tackle factors such as smoking, unhealthy diets and alcohol consumption and using contracts to improve access to services as well as hospital and primary care performance;
- Improving the take-up of national cancer screening programmes;
- Focusing on early detection and awareness raising amongst the community;
- Reducing inequalities by considering all aspects of an individual when planning treatment decisions;
- Improving support and care co-ordination for those living with and beyond cancer, and
- Improving the patient experience for all patients living with cancer.

Smoking

Levels of smoking are high in the borough. One in five adults smoke (which is worse than the London average) and there are approximately 400 smoking related deaths per annum in the borough.

The proportion of women who smoke in maternity almost doubled between 2005/06 and 2013/14, to the highest level in London but broadly in line with the England average. Smoking in maternity increases risks during pregnancy and labour, including miscarriage, sudden infant death and higher infant mortality. It is also likely to account, at least partially, for why the rate of emergency admissions for newborns in Havering is the highest in London (at 53% higher than the next performing London borough) and the fifth highest in England. These statistics warrant targeted action to increase levels of smoking cessation.

Breastfeeding

Havering has the second lowest rate of breastfeeding initiation in London, with 71.3% of mothers breastfeeding their babies in the first 48 hours after delivery, compared with an England average of 73.9%. The borough is also within the second lowest quintile nationally for levels of infants who are either totally or partially breastfed at age 6-8 weeks, at 41.6% compared with an England average of 47.2%.

Violence against women and girls

This heading includes domestic violence and Female Genital Mutilation (FGM) as well as a range of other offences. Between 1 April 2013 and 31 January 2014, domestic violence was a presenting factor in 10.9% of all initial contacts to children's social care and was the second highest reason for contacts progressing to a referral to children's social care (placed only behind physical abuse). Domestic violence also featured in 19.7% of Child in Need (CIN) Plans and 16.4% of Child Protection Plans in the borough.

Keeping people out of hospital

Approximately a quarter of the population of the borough report having a long term illness or disability and 65% of deaths in the borough occur in hospital, often following unplanned and prolonged hospital admissions. Havering CCG sees higher rates of outpatient referrals to secondary care than both the London and national averages, and also sees above-average rates of follow-up and consultant-to-consultant referrals than average. This is both inconvenient for patients who then have to attend hospital on multiple occasions and also costly to the CCG. Havering also sees high levels of A&E attendances and admissions.

In addition to this, the population of the borough is continuing to age, so that 21% of the population is now of retirement age. The growth in the number of people aged 85+ living in Havering has been higher than in either London or England as a whole, and GLA projections predict continued increases, of 27.9% by 2016 and 50.8% by 2021. This group of people has the most complex health needs, so places the greatest demands on health and social care services. 1,200 older people in the borough have particularly complex health and social care needs, with approximately 900 of them accounting for 38% of all emergency bed days. This means that the agencies represented on the Health and Wellbeing Board will need to work together to increase the provision of preventative services and interventions in order to help manage the projected increases in demands on health and social care services in future years. A large number of people aged 85+ also have limiting co-morbidities, so improving integrated care pathways between health and social care will continue to be key in averting the surge in unnecessary hospital admissions that would probably otherwise result.

These figures obviously also have implications for the provision of end of life care in the borough.

Supporting vulnerable people

Havering is relatively affluent compared with other London boroughs, but has pockets of acute deprivation in the Heaton, Gooshays, South Hornchurch and Romford wards. Two small areas in Gooshays and South Hornchurch are in the 10% most deprived nationally. Older and vulnerable people account for nearly half of all GP appointments; two-thirds of outpatient appointments, and almost 75% of all inpatient bed days.

As well as having a growing population of older people, the in-migration of families with school-age children into the borough increased by more than double the anticipated amount during 2013. Gooshays and Heaton now have the highest proportions of large, young families as well as the highest rates of children residing in households where no adult works. These wards also had among the highest proportions of children subject to a Child Protection Plan in 2013/14.

Across the borough, 19.3% of children are estimated to live in poverty. Moving into the next planning period, the Health and Wellbeing Board will therefore need to remain mindful of the links between poverty and poor health outcomes, which are often linked to poor diet / nutrition and unhealthy living and working conditions.

Patient experience and service quality

As well as the health and wellbeing priorities highlighted within the JSNA and other datasets, it is important also to review the priority set by the Board in its inaugural Health and Wellbeing Strategy around quality of services and patient experiences.

Regrettably, Havering continues to be characterised by poor satisfaction with health services, including access to primary care. GP practices in Havering generally see lower levels of patient satisfaction with their GP than in most other CCGs nationally, and issues of patient access persist in some practices. Havering's patient experience of primary care and out of hours services is in the bottom quartile of London CCGs, while the borough's patient-to-GP ratio (the number of patients to every GP in the borough) is very high.

On 18 December 2013, the borough's main acute provider, BHRUT, became the first hospital in the country to be put into special measures by the Care Quality Commission after, among other things, the Friends and Families Test reported that the Trust has the lowest levels of patient satisfaction of any Trust in the country. The Havering CCG and other partners represented on the Health and Wellbeing Board therefore remain heavily focused on supporting the Trust to make rapid and sustainable improvements.

Against this backdrop, the responses from local people to the Call to Action events held between October and December 2013 indicated that the residents of Havering, along with other stakeholders, are seeking:

- Better access to primary care;
- Improved partnership working and integration between health and social care;
- Improved hospital performance;

- Greater involvement of the voluntary sector;
- More support for carers;
- Improved patient engagement / communication, and
- Co-design of services in collaboration with patients and the voluntary sector.

People have told us that they want to be cared for and supported in their own homes, or closer to home – not in hospital. In response to this, Community Treatment Teams (CTTs) and the Intensive Rehabilitation at Home Service (IRS) are currently being trialled and surveys indicate that most patients are very happy with these new models of care, with CTTs receiving a patient rating of 8.7 out of 10 and the IRS receiving a patient rating of 9.0 out of 10. In addition, the outcomes of patients supported through these models surpass those of patients supported through previous models.

Legislative reform

The Care Act

The Care Act is the most important piece of legislation impacting on adult social care since the NHS Community Care Act 1990. It creates a range of new duties and responsibilities that will come into effect in April 2015, including:

- Formalising responsibilities to deliver personalised care services to people who need them, including ensuring that information and advice is available to all residents (including self-funders) and ensuring effective transition arrangements between children's and adults' services for young people with disabilities;
- Providing for a single national eligibility threshold for care and support. This will be "critical" and "substantial" (as applies now in Havering) but the definitions will be much broader and far reaching than at present;
- Increased responsibilities to ensure that the well-being of all residents, and the achievements of the outcomes that matter to them, are at the heart of every decision made;
- Ensuring more holistic and integrated provision of services across both statutory and non-statutory organisations;
- Giving new guarantees of continuity of care when service users move between areas;
- Heightened statutory responsibilities to meet the needs of carers;
- A new focus on preventing, reducing and delaying the need for care and support, rather than just intervening at crisis point, for both carers and people with care needs, and
- Enhanced responsibilities for managing the provider market, including protecting against and responding effectively to provider failure. This will necessitate the development and capacity building of the voluntary and community sector as well as of the public and private sectors.

The requirements of the Care Act will require a whole new workforce skills level as well as significant front door redesign across the health and social care economy.

The Better Care Fund

The Better Care Fund is a lynchpin of the Care Act. Its key objectives (which will be linked to a payment by results mechanism) are to:

- Ensure more joined up and effective commissioning, including the procurement, specification and contracting of health and social care services;
- Deliver more integrated solutions for residents and service users, at the lowest and most appropriate level possible, and
- Avoid hospital and long term care home admissions by ensuring improved management of high cost resources through targeted locality interventions clustered around GP surgeries.

The Children and Families Act

The Children and Families Act will draw together the support a child or young person aged 0 – 25 with special educational needs requires across education, health and social care into a single Education, Health and Care (EHC) Plan which will replace the current statementing system. These will be gradually implemented over a two to three year period from September 2014 and will require plans to be outcomes- rather than outputs-focused as well as requiring a co-ordinated, multi-agency assessment process.

The Act introduces a new legal requirement for the local authority to work with health to integrate services, as well as a requirement for joint commissioning arrangements across education, health and social care, and a mechanism to agree the levels of service required.

The Act also strengthens to rights to an assessment of needs for support for young carers. It is believed that the number of young carers in the borough is currently being under-identified, so this is likely to increase demands for assessments and services. This is recognised in the borough's BCF plans. The Act also requires children, young people and their parents or carers to be offered personal budgets to meet their care needs. This will require increased transparency, signposting and market development of "the Local Offer" within an increasingly competitive health and social care economy.

National outcomes frameworks

Appendix 1 summarises the indicators included within the national Adult Social Care, NHS, CCG and Public Health Outcomes Frameworks that are either shared (meaning that the indicator is included in at least two of the three outcomes frameworks, reflecting a shared role in delivering against that indicator) or complementary (meaning that similar indicators, considering the same issue, are included in at least two of the three outcomes frameworks), as well as the performance indicators linked with the Better Care Fund. Again, these indicate that the existing priorities of the Health and Wellbeing Board remain fit for purpose, with a possible need to add a priority relating to the effectiveness of support for people with mental health conditions.

Current performance against these indicators suggest that the following are those where the Health and Wellbeing Board will need to focus its attention in the early years of its new Strategy, because performance has recently been either off target and / or worse than the national average and / or that of other statistically similar areas:

- Health and social care related quality of life (especially for people with long term conditions);
- People with long term conditions feeling supported to manage their condition;
- Proportion of adults with a learning disability who live in their own home or with their family;
- Proportion of adults in contact with secondary mental health services living independently, with or without support;
- Emergency readmissions within 30 days of discharge from hospital (females);
- Avoidable emergency admissions;
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services;
- Admissions to long term care homes;
- Estimated diagnosis rate for people with dementia, and
- Under 75 mortality rate from cardiovascular disease.

Opportunities

Having been placed in special measures in December 2013 following a series of CQC reports, the borough's main acute provider (BHRUT) now has a new leadership team in place as well as a robust improvement plan that members of the Health and Wellbeing Board were instrumental in developing. Monthly reports against targets are to be published on the BHRUT website.

As we move into the next planning period, much good work has already started – particularly through the work of the Integrated Care Coalition – which gives the Board a very strong foundation on which to build. An Integrated Care Strategy is in place, designed to shift activity away from acute towards community and locality settings, and Integrated Case Management across health and social care has already been introduced.

Going forward, the recent successful bid to the Prime Minister's Challenge Fund will facilitate further improvements to the quality of and access to primary care services across the Clinical Commissioning Group by investing in improving complex care and facilitating access to services between 8am and 10pm seven days a week, as well as technology better enabling information and data sharing.

The recent expansion of the borough's Multi-Agency Safeguarding Hub (MASH) to identify and support adults as well as children at risk will add value to the Health and Wellbeing Board's work to support vulnerable people. The borough also looks forward to the further development of the Troubled Families Programme which, to date, Havering has performed extremely well in.

Governance structures

Appendix 2 illustrates how the Health and Wellbeing Board fits into the wider health and social care system and the other local governance structures which, whilst not all directly accountable to the Health and Wellbeing Board, provide structures through which it can receive assurance on the priorities identified within this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications or risks arising from this report which is for information purposes only. Implementation of the Health and Wellbeing Strategy will be funded from within existing resources.

The Better Care Fund (BCF) submission contains a number of performance metrics. These are reduced admissions, rehabilitation and reablement, delayed transfers of care (DTOC), avoidable admissions, patient experience and our local measure, the proportion of carers who request information and advice. It should be noted that announcement on future BCF payment by performance is currently awaited.

As the Care Act represents such a fundamental reform to adult social care there will be financial implications to the local authority, which are presently being modelled. These are expected to be significant. The main areas of financial risk are expected to be self-funders, carers support, income and young adults. There will also be significant infrastructure costs. There will be a report to July Cabinet on the Care Act.

The Children and Families Act will also carry financial implications.

The Council's budgets are expected to reduce by up to £60m over four years from 2015/16. This is against a backdrop of increasing demand. As such budget strategy will plan to effectively target services to manage demand, with a strong focus on prevention and early intervention, in line with Government health and social care integration initiatives.

Care Act and Children and Families Act readiness and BCF implementation are being managed through work programmes in service areas, with appropriate governance in place. The outputs from the work streams will be aligned with overall budget strategy and the Health and Wellbeing Strategy.

Caroline May, Strategic Finance Business Partner

Legal implications and risks:

There are no apparent legal implications in approving the recommendations in the Report.

Stephen Doye, Legal Manager (Litigation)

Human Resources implications and risks:

The recommendation in this report that has a direct impact on the Havering Council workforce is with regard to a refresh of the joint Health & Wellbeing Strategy, which is due within 2014. New social care legislation for children, families and adults emerging within the 2013-14 period, with statutory operating frameworks, have been outlined in this report and will inform the direction of the refreshed Strategy.

These changes will have significant implications for the shape of the social care workforce supporting these areas within the Council, and those within the health economy, due to a greater emphasis on working in a more integrated way to better meet the needs of service users, patients and contacts within the key groups that are covered by this legislation.

Strategic work is being undertaken by senior management, key advisors and HR staff to fully identify and understand the direct of change indicated by the various legislative frameworks, and to plan for any required programmes of change that may need to be put in place within the Council, and/or in conjunction with external providers. Any future changes will be undertaken in line with Council HR policy.

Eve Anderson, Strategic HR Business Partner (Children, Adults & Housing)

Equalities implications and risks:

The review of the Health and Wellbeing Strategy will be informed by the local population needs identified in the Joint Strategic Needs Assessment and will be supported by a revised Equality Analysis. It is envisaged that the refreshed strategy and data / performance indicators will enable the Health and Wellbeing Board to identify more effective ways of meeting future demographic challenges in the delivery of health and social care services across Havering, such as the significant growth of both children / young people and the 65+ population in the borough, as well as the increasing ethnic minority population.

Individual schemes and initiatives arising from the Health and Wellbeing Strategy will be subject to separate Equality Analyses and contract specifications will incorporate relevant equality and diversity (E&D) considerations and requirements that will be monitored on a regular basis, to ensure compliance with the Public Sector Equality Duty and the Equality Act 2010.

Andreyana Ivanova, Diversity Advisor

BACKGROUND PAPERS

Joint Strategic Needs Assessment (JSNA) - Demographics chapter
Joint Strategic Needs Assessment (JSNA) – Children's chapter
Havering Clinical Commissioning Group Commissioning Strategic Plan 2014/15 – 2015/16
Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Strategic Plan Final Submission (June 2014)
Adult Social Care and Commissioning Service Plan 2014/15
Adult Social Care Outcomes Framework 2014/15
NHS Outcomes Framework 2014/15
CCG Outcomes Indicator Set 2014/15
Public Health Outcomes Framework 2014/15
Public Health Outcomes Briefing May 2014
DRAFT Children and Young People's Plan 2014-17

Appendix 1

Shared and Complementary Indicators within the National Adult Social Care, NHS and Public Health Outcomes Frameworks

Indicator	ASC Outcomes Framework	NHS Outcomes Framework	CCG Outcomes Framework	PH Outcomes Framework	BCF Indicators
Social care related quality of life	■	■			
Health-related quality of life for people with long-term conditions	■	■	■	■	
Employment of people with long-term conditions	■	■		■	
People with long term conditions feeling supported to manage their condition	■	■	■	■	
Carer-reported quality of life	■	■			
Proportion of adults with a learning disability in paid employment	■	■		■	
Proportion of adults in contact with secondary mental health services in paid employment	■	■		■	
Proportion of adults with a learning disability who live in their own home or with their family	■			■	
Proportion of adults in contact with secondary mental health services living independently, with or without support	■			■	
Proportion of people who use services, and their carers, who reported that they had as much social contact as they would like	■			■	
Patient and service user experience of integrated care	■	■	■	■	■

Indicator	ASC Outcomes Framework	NHS Outcomes Framework	CCG Outcomes Framework	PH Outcomes Framework	BCF Indicators
Delayed transfers of care from hospital, and those which are attributable to adult social care	■				■
Emergency readmissions within 30 days of discharge from hospital (males)		■	■	■	
Emergency readmissions within 30 days of discharge from hospital (females)		■	■	■	
Avoidable emergency admissions		■	■		■
Proportion of older people offered rehabilitation following discharge from an acute or community hospital	■	■			
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	■	■		■	■
Admissions to long term care homes (people aged 18-64)	■				■
Admissions to long term care homes (people aged 65+)	■				■
Estimated diagnosis rate for people with dementia		■	■	■	
Dementia - The effectiveness of post-diagnosis care in sustaining independence and quality of life	■	■		■	
The proportion of people who use services who feel safe	■			■	
Under 75 mortality rate from cardiovascular disease		■	■	■	
Under 75 mortality rate from respiratory disease		■	■	■	
Under 75 mortality rate from liver disease		■	■	■	
Under 75 mortality rate from cancer		■	■	■	
Excess under 75 mortality rate in adults with serious mental illness		■			■
Infant mortality		■			■

This page is intentionally left blank

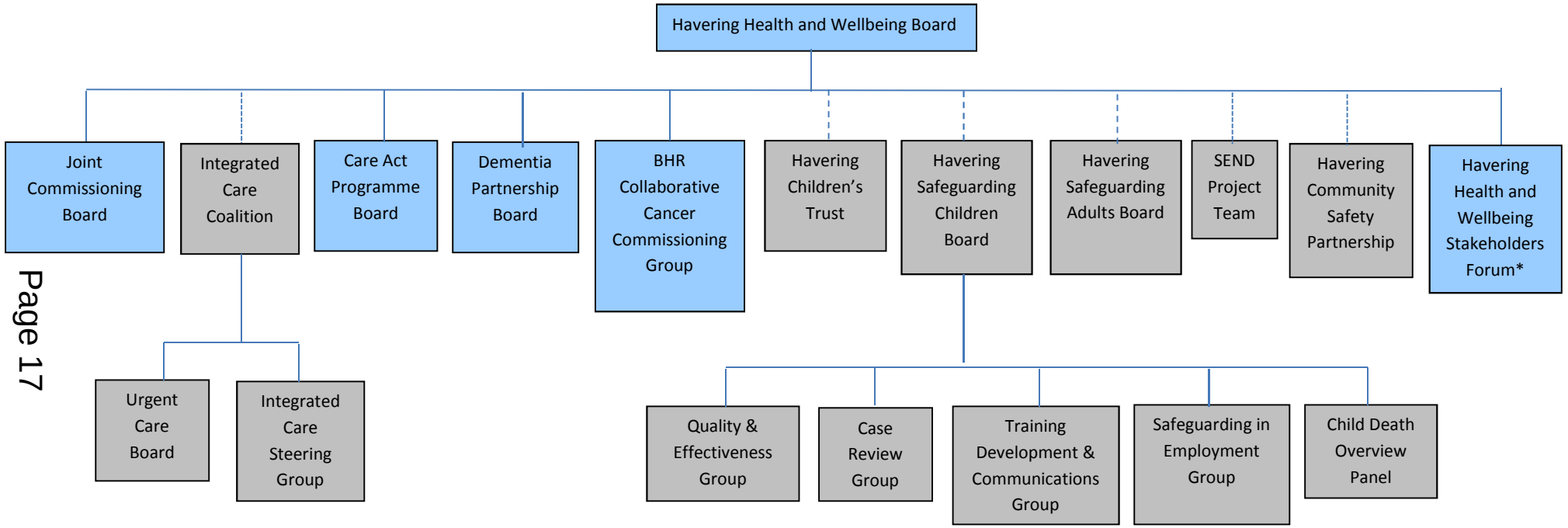
Accountable to the HWBB

Has a partnership relationship with the HWBB

Appendix 2

Havering Health and Wellbeing Board

Governance Structure



* NEW – To be established

This page is intentionally left blank