MINUTES OF A MEETING OF THE HAVERING SHADOW HEALTH & WELLBEING BOARD

10 April 2013, 1:30 pm – 3.30 pm
Havering Town Hall, Romford

Present

Cllr Steven Kelly (Chairman) Deputy Leader of the Council, LBH
Cllr Andrew Curtin, Cabinet Member, Town and Communities (Culture), LBH
Councillor Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Anne-Marie Dean, Chairman, Healthwatch Havering
Joy Hollister, Group Director, Social Care and Learning, LBH
Alan Steward, Chief Operating Officer (non-voting), Havering CCG

In Attendance

John Atherton, Head of Assurance, NHS England (London)
Julie Brown, HWB Business Manager, LBH
Sean Cable, Committee Officer, LBH (minutes)

Apologies

Cllr Lesley Kelly, Cabinet Member, Housing, LBH
Dr Gurdev Saini, Board Member, Havering CCG

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed all those present to the first 'live' and public meeting of Havering's Health and Wellbeing Board.

2 MINUTES

The Board agreed the minutes of the meeting held on 13 March 2013 as a correct record, subject to amendment to Minute number 141.

Replace the existing text with the following:

The Board was informed that domestic violence features in many child protection cases and therefore agencies have agreed that some of the government funding for Troubled Families should be directed towards earlier specialist support and intervention to tackle domestic violence in families.

The Early Help service will be borough wide by September, starting now in the centre of the borough, based on the areas served by St Kilda and Collier Row children's centres. The Board was informed that Ofsted had commented positively on the recent work and plans for Early Help. The report will be available in early April.

The Board agreed that another paper should come to the Board in due course updating members on progress made and on comments from Ofsted.

3 **MATTERS ARISING/REVIEW OF ACTION LOG**

Abdominal Aortic Aneurysm Screening Programme

Areas of work around this screening programme were being picked up outside the Board meetings, but it was noted that the programme was nationally funded and would be rolled out later in the year.

Cancer Urology

Further to the previous meeting, members were informed that the reform to cancer urology services was a process of specialisation, by which key cancers were to be operated on in a training centre (UCH) in London. Consultation was underway and the Board would be updated on this, further, a briefing on the whole proposals would be completed and circulated to members outside of the meeting.

CCG Commissioning Strategy Plan

The Board noted that work towards finalising the CCG's CSP and the Board offered its congratulations to the CCG for its successful authorisation, in particular to Conor Burke, Accountable Officer for the CCG.

St Georges Business Case

Consultation was underway regarding the proposed changes to St Georges; these proposals had been circulated to the Board previously. The Board was updated about the capital receipt from the sale of the St Georges site. Previous commitments had been made under the H4NEL programme that any such capital receipts should be returned to local commissioners. The CCG was awaiting the final verdict on this and was striving to ensure that this principle was upheld.

St Georges Legionella Report

The Board was updated that NELFT, the organisation which had undertaken the investigation of the legionella outbreak, had not yet released the report.

Action Log

- Emergency Hormonal Contraception – a final scoping/feasibility report was still outstanding, which was to be carried forward by the Director of Public Health.
- Queens Hospital Sub-Group – this group had been disbanded with the agreement of the Chairman, but there would be regular reports on BHRUT and the Group Director of Social Care & Learning would attend regular CCG performance meetings relating to the hospital.

4 **INTRODUCTION TO NEW MEMBERS**

The Board welcomed the two new members to the Board, the new Director of Public Health for the borough, Mary Black and the Chairman of Havering's Healthwatch organisation. Both were statutory members and introduced themselves and the work underway to date within their respective fields.

The Board was also introduced to the representative from NHS England (London regional office), which had previously been called the NHS Commissioning Board. The representative was the Head of Assurance for the North East and Central Branch of NHS England and had a wide range of experience within the Health sector. The representative explained that he was part of a small team which focussed on operation and delivery. His particular expertise, assurance, fulfilled the performance function that had previously been conducted by the Strategic Health Authority, but with an emphasis of much less direct control. NHS England would, unlike its predecessors, be commissioning directly, it was to be one organisation with four regional arms.

Board members welcomed the representative from NHS England, and sought reassurance that the unique health and wellbeing needs of Havering would be considered as NHS England moves forward. It was explained that Havering had an Essex demographic but, as a London borough, was typically treated as though its health needs were the same as a London borough. Therefore, members were concerned that the representative from NHS England, as part of a small team in one regional office, may not appreciate and be able to offer the influence that the Board was seeking.

Members further expressed the vital importance of BHRUT as a local, regional and national issue. Havering CCG is the lead commissioner on behalf of the BHR CCG cluster. Support from NHS England to work with partners through the HWB and Integrated Care Coalition to improve the position at BHRUT would be really useful. It was suggested that a working group might be set up looking at BHRUT and commissioning of local NHS services.

A key priority was to enable BHRUT to attain foundation trust status but not at the cost of commissioning good local health and wellbeing services. For example, an urgent care board had been established comprised of strategic

local partners which would build on the recommendations of the mid-Staffordshire report. Commissioning of primary care by NHS England was a crucial local issue for which partners locally were keen to feed into.

The NHS England representative explained that all the regional teams of NHS England were small but they fed into decision-making virtually and if specific issues needed to be looked at then specialist support would be brought in.

5 **INTEGRATED CARE STRATEGY**

The Board considered a presentation from the Chief Operating Officer (Havering) from the CCG regarding progress to date with the Integrated Care Strategy.

Members were informed that since the establishment of the Integrated Care Coalition in December 2011 (which sought to enable senior leaders across health and social care in Barking and Dagenham, Havering and Redbridge to work together to develop a joint approach to integrated care to build a sustainable health and social care system) much progress had been made. In December 2012, the Integrated Care Strategy had been completed, followed by priority-setting in January 2013 and a work plan in February 2013.

The Board were updated on the Integrated Care Strategy work plan. The plan focussed on three areas: Integrated Case Management (ICM), development of community services and joint assessment and discharge (JAD). Specific targets and areas of work around each of these areas were provided at the meeting and through the presentation.

Board members expressed their commitment to the work underway and were positive about the activity of the Integrated Care Coalition, but stressed the need to ensure that partners across all three boroughs and the local acute and community health services providers are equally committed to the Strategy and the work being undertaken. It is vitally important the three authorities remained committed and unified in their approach.

There is the need to make significant progress with the Strategy in the next three months and the involvement of NHS England in continually stressing the need to commit to the strategy to each of the three health and wellbeing boards would be very helpful. The CCG explained that any lack of delivery from the acute trust would result in improvement notices being issued. Members commented on the urgent need for evidence regarding current performance and what the partners sought to achieve.

The role that partners have in working with Queens to address the challenges was highlighted.

The Board agreed that a total place cost modelling be undertaken for one strand of work arising from the Integrated Care Strategy, as a means of demonstrating what would be required from all partners and the resources involved.

6 PRIORITY 2: IMPROVED IDENTIFICATION AND SUPPORT FOR PEOPLE WITH DEMENTIA

The Board considered a report outlining the work that had been taking place to date around priority two of the Health and Wellbeing Strategy, which focussed on improved identification and support for people with dementia.

The Board was informed that a Dementia Partnership Board (DPB) had been formed in November 2012, which reported directly to the Board. The DPB was chaired by a CCG Board member and clinical director for mental health, Dr Maurice Sanomi. The DPB was a strategic commissioning group which acknowledged the value of provider input.

The DPB was further described as a multi-agency mechanism established to develop and deliver Havering's Strategic Plan aligned to the National Dementia Strategy. The Strategy sought to improve the quality of life and services available for people with dementia and their carers. The DPB, it was explained, had access to the funding remaining from that allocated to the Dementia projects funded by the NHS Support for Social Care 2011-13, which was said to amount to approx. £200,000.

The Board reviewed the action taken to date.

In discussion, the Board heard that Havering would be one of the biggest areas in the country for dementia and it was argued that Havering therefore needed a stronger priority for dementia in the Health and Wellbeing Strategy. The need to establish a dedicated pathway for dementia was debated with members expressing a desire that the work be implemented immediately. Officers explained that setting up a pathway would take some time, as a diagnostic would need to be undertaken and plotted against gaps in the service.

The Board agreed that the Chairman, Group Director, Social Care & Learning and the CCG's Chief Operating Officer for Havering meet to discuss how quickly the pathway might be implemented.

7 HWB SUB STRUCTURE GOVERNANCE AND TERMS OF REFERENCE

The Board deferred this item until its next meeting.

8 ANY OTHER BUSINESS

The Chairman asked that the CCG and the Director of Public Health meet to discuss the measles outbreak in Wales and its implications for Havering. Members were told that Havering had 88% take-up of the MMR inoculation.

9 DATE OF NEXT MEETING

The Board noted that the next meeting was due to take place on Wednesday 8th May 2013.

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Chairman