MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
12 June 2013 (1.30 - 3.30 pm)

Present:

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Dr Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) CCG

In Attendance

Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Mary Pattinson, Head of Learning and Achievement, LBH
James Goodwin, Committee Officer, LBH
Lorraine Hunter-Brown, Committee Officer, LBH (Minutes)
One Member of the Public

Apologies

John Atherton, NHS England
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

The Chairman reminded Members of the action to be taken in an emergency.

20 **MINUTES**

The Board considered and agreed the minutes of the meeting held on 8 May 2013 which were signed by the Chairman.

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

(5a) Matters Arising

The Board agreed and noted the following:

(i) Priority 2 Improved Identification and Support for People with Dementia

A report would be presented at a future meeting.

(ii) Dementia Friendly Projects

Final confirmation was still awaited regarding the Four Seasons Gardens project.

(iii) Well Man Scans

An updated report would be presented to the Board at a future meeting.

(iv) Healthwatch

Healthwatch were due to move into their new offices later in the week.

(5b) Action Log Items

(i) A review into teenage pregnancy is in progress. The Public Health Director would present a paper later in the year.

(ii) Item 2, North East London Abdominal Aortic Aneurysm Screening Programme would be removed from the Action Log.

(iii) The Chairman of Havering Clinical Commissioning Group (CCG) would write to the Chief Executive of NHS England to request a public consultation on Cancer Urology Services. Doctors and patient groups were in favour of retaining the service within the locality.

(iv) The plan from the Acute Trust is due soon and NHS England has been asked to update the Board on specialist commissioning at the July meeting.

(v) The Integrated Care Board was making good progress and would report their review outcomes to the Health and Wellbeing Board later in the year.

(vi) Havering would be involved in the Dementia Work stream via the CQC and a Programme Manager had been appointed. It was agreed that the Programme Manager be invited to present the delivery plan at the August meeting.

(vii) Governance issues would be agreed with the Chairman and a report would be presented at a future meeting. It was noted that a Work Plan had been implemented.

22 HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

The Chief Operating Officer of Havering Clinical Commissioning Group gave a presentation on progress on Priority 8 of the strategy - improvement of quality of health services, patient experience and best possible long-term health outcomes across Barking and Havering University Hospitals NHS Trust (BHRUT). Six key objectives were outlined as follows:-

1. Bring about big improvements in quality of care and patient safety, especially maternity services in Queen's Hospital

   Key improvements in Maternity had been made and the cap on the number of maternity patients had now been lifted.

   There were key issues namely pressure ulcers, falls, Urinary Tract Infections (UTIs) and Venus Thromboembolism (VTE). These would be monitored closely during 2013/2014 as well as Accident and Emergency with Key Performance Indicators embedded within the contract to cover this period.

   Serious Incident Management had improved significantly at BHRUT with the number of cases down from 143 in May 2012 to 11 in May 2013.

2. Ensure patient experience in A&E is improved by reducing waiting times and diverting people away from A&E where appropriate

   The quality and performance in Accident and Emergency needed to improve. It was acknowledged that the Trust had to achieve a significantly higher performance level on the national standard of patient waiting times – i.e. 95% of patients should wait no longer than 4 hours for treatment. As at 26 May 2013, BHRUT achieved 84.12% although attendances remained relatively static. It was noted that King George Hospital had met the target but had recently dipped and Queens Hospital had rarely met the target since April 1 2013.
   An improvement plan had been implemented which comprised of the following:

   An Integrated Care Plan to reduce attendances and support discharged patients at home.

   Community Treatment Teams to provide a rapid response type service so as to reduce attendances and admissions

   To promote use of Urgent Care Centres from 30% patient usage to 50%.

GP alignment to care homes in the borough so as to reduce reliance on Accident and Emergency.

Directory of services to increase use of community alternatives to A&E.

Following the CQC visit to BHRUT, the Trust had submitted an updated improvement plan taking account of acute reconfiguration, plans for each work stream, leads, actions and Key Performance Indicators as well as the focus on patient experience and best practice suggestions itemised in the Department of Health checklist. The plan has been signed off and the Trust will be held to account.

3 Improved quality of care in community residential settings and increase primary medical care in nursing homes

The Nursing Homes scheme went live on March 1 2013. The scheme matches named GP practices with each of Havering's Nursing and Residential Care homes ensuring regular visits are made to all residents.

4 Risk is managed systematically and accurately to reduce likelihood of occurrence of serious incidents

The Clinical Quality Review meetings consider the risks to quality and patient safety as well as the Quality Risk profile around welfare of service users, staff support and service quality. The overall risks considered at the CCG's Quality and Safety Committee Audits for 2013/2014 include A&E, integrated care pathways and Consultant to Consultant referrals.

5 Ensure sound financial management of the NHS budget for Havering so that quality of services is not compromised

There would be monthly management of major providers through contractual arrangements and detailed financial information shared with practices to allow monitoring. Quality Innovation, Productivity and Prevention (QIPP) plans agreed to deliver 11 million financial savings and a commitment to work closely with the Council to develop community budgets for 2014/2015.

6 Commission and performance manage Health Watch to high levels to ensure patient and public engagement activity that can affect improvement

A joint process between Havering CCG and Havering Council had led to the establishment of Health Watch with a number of priorities

areas and a model agreed.

The Board agreed that page 6 of the presentation depicting the BHR System Improvement Plan be translated into a briefing document for circulation to Councillors.

The Board noted the report as an honest and straightforward account and thanked the CCG Chief Operating Officer.

23 JOINT STRATEGIC NEEDS ASSESSMENT

The Board were presented with a briefing document outlining the JSNA Programme principles, delivery partnerships and timescales with an update on future projects. The principles were defined as:

1. A living document
2. Working in partnership
3. Linking better to decision making process
4. Improving the user interface

Themed chapters included Demographics, Children's Services, Drugs and Alcohol, Sexual Health to include Safeguarding, Mental Health, Pharmaceutical Needs, Wider Determinants of Health and BHRUT Quality including Urgent Care. The Committee agreed with the proposed list but suggested that Elderly Care be added and that factors such as income, unemployment, housing and deprivation should also be considered.

It was noted that a JSNA Steering Group would be chaired by the Director of Public Health and that a Project Group would be formed for each chapter to provide support in tools and processes and combining analytical capacity within Public Health England and NHS England. A JSNA Stakeholder Workshop would be convened.

The Board noted the briefing document and agreed that any further suggestions for themed chapters should be forwarded to the Chairman.

24 WINTERBOURNE CONCORDAT

The Board agreed to defer consideration of the report to the next meeting in July and that an updated report would be circulated.

25 IMPLEMENTATION OF THE CHILDREN AND FAMILIES BILL

The Board received a report outlining the main elements of the proposed Children and Families (Special Educational Needs and Disability (SEND) Bill, due to become legislation in September 2014, and the implications for the local authority and health sectors in Havering to consider. The intention of the legislation is to create a

more family friendly process which draws together the support a child requires across education, health and care so that there are improved outcomes for children and young people with SEND. The key points and implications were as follows:-

(i) Clause 25 requires Local Authorities to ensure the integration of education, health and social care for children and young people with SEND up to the age of 25.

The replacement of statements with a new birth to 25 Education, Health and Care plan will carry resource implications, as there will be the need to set up formal integrated systems, and to establish a permanent designated medical officer.

(ii) Clause 26 says there must be joint commissioning arrangements between education, health and social care.

The joint commissioning arrangements again carry resource implications, as new systems will need to be established. Arrangements will need to be properly underwritten to avoid any ambiguity.

(iii) The draft Code of Practice says that there must be a single assessment procedure (involving parents and children) on which health, social care and education agree so that families do not have to repeat their story and appointments are kept to a minimum.

The single assessment procedure requires cross agency working with parents and children, there are resource implications in setting up new systems to accommodate this assessment process.

(iv) Clause 30 says that Local Authorities must publish a Local Offer to enable parents to understand what is available and how it can be accessed. This has to include health services and must include how these services are accessed.

The resource implications regarding mediation will sit with whichever independent body is called to act as mediation advisor.

(v) Clauses 51 and 52 refer to an independent mediation service for when agreement cannot be reached. Any mediation advisers and independent persons must not be employed by the local authority. Parents must be offered the service where there is a disagreement about the content of the plan although if the disagreement is purely about the school parents can opt for tribunal.

The resource implications regarding mediation will sit with whichever independent body is called to act as mediation advisor.

(vi) Clause 48 says that there must be a means by which to offer personal budgets to families which includes direct payments for health and education as well as social care.

There are clear financial implications when implementing personal budgets and direct payments, both in terms of administration and allocation of budget amount. It is expected that regulations on the provision of personal budgets will follow.

London Councils are asking for Minister's assurances that the delivery of new SEN duties will be funded by Central Government. There is the risk that if sufficient funding does not follow the new responsibilities, local authorities could struggle to deliver.

The Committee noted the report on the Bill, which has yet to reach the report stage in the House of Commons, and agreed that Children's Services would provide a further update at the September meeting.

26 NHS ENGLAND UPDATE ON SPECIALIST COMMISSIONING

It was agreed that this item be deferred owing to the presenter being absent.

27 DATE OF NEXT MEETING

The Board was asked to note that the date of the next meeting was scheduled for 10 July 2013.

Chairman