MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Committee Room 1 Town Hall
13 November 2013 (1.30 pm – 4.15pm)

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Cheryl Coppell, Chief Executive, LBH
Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
Dr Mary E Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Chair, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, Chief Operating Officer (non- voting) Havering CCG

In Attendance

Dr Steve Feast, Executive Medical Director, NELFT
Jacqui Van Rossum, Executive Director, Integrated Care London & Integration, NELFT
Dr Afifa Qazi, Consultant Psychiatrist, NELFT
Caroline O'Donnell, Managing Director, North East London Community Services, NELFT
Neil Kennett-Brown, Programme Director, NHS England
Prof. Kathy Pritchard, Chief Medical Officer, London Cancer
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Apologies

Joy Hollister, Group Director, Social Care and Learning, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH

62 APOLOGIES FOR ABSENCE

Apologies were received and noted.

63 DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

64 MINUTES

The Board considered and agreed the minutes of the meeting held on 9 October 2013 which were signed by the Chairman.

65 MATTERS ARISING/REVIEW OF ACTION LOG

A review of teenage pregnancies/emergency hormonal contraception (EHC) had commenced and that a report would be presented to the Board in the New Year.

The JSNA had been deferred however discussions were progressing

66 FRAIL ELDERLY AND THE INTEGRATED CARE STRATEGY

The Chairman welcomed Dr Steve Feast, Jacqui Van Rossum, Dr Afifa Qazi and Caroline O'Donnell from the North East London Foundation Trust (NELFT). Members of the Board were asked to note the following:

The Trust had been through many changes, originally a mental health trust, (NELFT) now provided mental and community health services for Waltham Forest, Redbridge, Barking and Dagenham, South West Essex and Havering.

The area of North East London increasingly presented many challenges and the NELFT team welcomed the opportunity to engage with the Health and Wellbeing Board acknowledging the importance of holding cross borough dialogue and working together.

New relationships were being built with the Integrated Care Coalition, Urgent Care Coalition and the provision of community mental health services to Barking Havering Redbridge University Trust and Barts Health. The changes within the NHS and the inspection regime made for challenging times ahead.

Following the Francis Report, NELFT staff were on 7 day working, however, the Trust needed to recruit more staff and were finding it difficult competing with the inner London Trusts. In response to the Francis Report, a number of initiatives were organised including the setting up of communication campaigns, conferences, focus groups and the promotion of relevant policies. Whistleblowing was also available as a last but open resort. NELFT had doubled their focus on quality and moved to borough based quality care.

In past years, mental health services had been transformed following the closure of asylums. In addition, there had been a change in approach to medication use and consolidation of community beds into a single high quality unit. A similar pattern had been seen in the care of the frail elderly although it was noted that these patients often have very complex drug

regimes. The model on which only 3% of mental health patients attend an inpatient unit needed to be replicated with the frail elderly.

Members were informed that Havering's award winning service in dementia care had resulted in zero acute admissions for two years. As a result, wards had been closed and funds moved into the community. RAID (Rapid Assessment Interface and Discharge) teams had also saved 2,600 bed days resulting in £1.4M in savings. There were now 2200 staff in partner hospitals who had received training in working with people with mental illness in addition to a 24/7 helpline.

There are now close links with GPs/practice nurses, care homes and Community Mental Health Teams with a consultant mobile number available, same day responses, clinic emergency slots for patients in crisis and contact with all patients who fail to attend clinic appointments. Patients are also encouraged to call the clinic if there are any problems. Stimulation therapy is also available as well as Reminiscence therapy. As a result, care home admissions have dropped.

Average waiting times have been reduced for Memory clinics, Havering has a three week waiting list which compared to the national average is very positive. With regards to acute services, Havering has a new facility at Sunflowers Court and the number of acute admissions has fallen owing to the development of home treatment.

The Community Care Treatment Team was launched in April 2013 and was working with the CCGs, Queens Hospital and the A&E interface as well as the ICC resulting in a 14% reduction in admissions into acute services. The savings in funding has been returned to the Commissioners.

NELFT acknowledged that winter was a challenging period and that contingency plans were in place.

The Chairman thanked the NELFT team for their presentation. It was agreed that it was useful to know that any concerns about services in Havering could be discussed with the Managing Director of Community Services responsible for area. Members of the Board underlined the need to ensure that people in Havering were getting the best care and that mental health services required further development. It was agreed that there was further to work to do in developing projects around prevention linking in with Public Health and the CCG.

67 **INTEGRATION WITH HEALTH**

a) Joint Report from Adult Social Care and Havering CCG on section 256 monies.

The Board noted the report on the provision of section 256 money to local authorities from the NHS for 2013/2014 which required discussion by the Board prior to formal sign off. The report outlined what the money

would be used for, measurable outcomes that the initiatives would achieve together with linkage to the Joint Strategic Needs Assessment (JSNA) and the CCG as well as monitoring arrangements to ensure delivery.

The funding for 2013/2014 for Havering is £3,599.507 and the release of the monies was subject to the following criteria:

- That the money should support adult social care services, which also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- To respond to the JSNA and the existing commissioning plans for both health and social care.
- To provide a positive difference to social care services and outcomes for service users.

The Board were asked to approve the use of the S256 money as outlined in the attached matrix.

Several Board members were of the view that the matrix was not detailed enough and it was agreed that this should be refined next year giving more information on cost improvements, cost savings and outcomes.

A request was made for further discussion on the prevention of falls programme and that this should transfer from being a project to a mainstream health issue. In addition, further discussion and review was requested on mental health needs in the borough.

The Board noted the report and agreed to approve the use of the S256 money as outlined in Appendix 2.

b) Future Work on Integrated Transformation Fund

This report informed the Board about the new Integration Transformation Fund which replaces some previous funding streams, including the s.256 money and adds new requirements for partnership working. The fund is contingent upon agreement between the CCG and the Local Authority on areas for joint commissioning to deliver preventative services and reduce pressure on acute services. The proposals would be subject to the Board's approval in February 2014.

The Board noted the report and that the proposals are to be finalised before February 2014.

68 **CANCER AND CARDIOVASCULAR PROGRAMME**

The Board received a report entitled **Improving Specialist Cancer and Cardiovascular Services in North and East London and West Essex**

produced by the North and East London Commissioning Support Unit. The report was presented by Professor Kathy Pritchard-Jones, Chief Medical Officer, London Cancer Academic Health Science Network. Neil Kennett-Brown, London Cancer and the Programme Director, NHS England was also in attendance to offer additional comments.

This report was presented as part of a wide consultation about configuration of cancer services and members of the Board were asked to note the following:

North and East London have expert cancer and cardiovascular doctors but these specialist services were not organised in a way that gave patients the best outcomes with specialists, technology and research being spread across too many hospitals. Evidence gathered by the London Cancer Academic Health Science Network suggested that focused specialist centres would lead to better outcomes. With 15 different pathways in London, a London wide review was underway. Formal engagement, if appropriate, would commence at the beginning of 2014 with NHS England and the CCGs to make decisions by mid-2014.

Cancer

Clinicians had reviewed specialist services for five rare or complex types of cancer:

Brain cancer
Head and neck cancer
Urological cancer (bladder, prostate and kidney)
Blood cancer (treatment of acute myeloid leukaemia and stem cell transplants)
Oesophago-Gastric cancer (stomach or gullet cancer)

The proposal was to create an integrated system of care. It was outlined that there would be a small amount of change within BHRUT as Queens Hospital had provided a range of cancer services for some years, however, it was envisaged that there would be a 3% decrease in Upper Gastro-Intestinal Bladder and Prostrate and Renal activities.

Professor Pritchard-Jones advised Board members that London cancer patients did not always report good experiences with their care and that specialist teams were fragmented and unable to provide a 7 day service. Specialist centres would work with local hospitals and GPs to improve the patient journey and follow up care and would also attract innovation and investment for research as well as attracting the best trainees. Patients would have a better chance of survival, quicker recovery and better quality of life, support from specialist care teams, joined up sustainable 24/7 care and more access to clinical trials with access to the latest treatments. Local services would be more robust and resilient as part of a system, with access to 24/7 specialist teams, better support to introduce innovation and

clinical trials, better training opportunities and more precise outcomes, measurement and benchmarking.

Cardiovascular

A similar review was underway for Cardiovascular services due to patients waiting too long for treatment, surgery cancellations and hospitals unable to deliver 24/7 care by specialist teams.

It was proposed to create a world class integrated Cardiovascular Centre and develop a joined up network of care covering prevention and earlier diagnosis through to treatment of which a majority would be provided closer to people's homes. Patients would have improved experience and outcomes, prompt access to treatment and state of the art equipment, specialist 24/7 care as well as shorter waiting times.

A period of engagement with the public to discuss the above proposals was currently underway. A number of public meetings had been arranged within the inner and greater London areas to obtain feedback and further engagement with Public Health authorities was planned.

Members of the Board raised concerns about the following:

- At times it was not clear that the exercise was actually a consultation and not the presentation of a decision that had already been made.
- The demographic changes within the borough in terms of overall population size and the aging population should be considered in future planning of services. The centralisation of services to London did not make good sense when looking at future population growth across London.
- Survival rates were presented and the proposals aimed at improving survival rates. As survival rates reflect both quality of care and early diagnosis, the need to address lower survival rates without working out how much those rates relate to late diagnosis was not a robust argument.
- The impact of patients having to travel into London to UCL should be assessed as this could have an effect on overall outcomes. This would also have an impact on the elderly, the poor and those who need family support.
- Quality of care is a key factor in decision making about what services configuration is likely to be best and this was not brought out fully in the report. Some of the relevant units in BHRUT have higher quality indicators on a range of measurements than the same units in UCL. It was noted though that there was no standardisation of quality indicators so it was difficult to draw conclusions on quality.
- Why were cancers with the minimum number of cases being centralised?
- It was not clear to what extent consultants agreed with these the proposals.

- Overall there appeared to be a lack of ambition for outer London with specialism being concentrated in inner London hospitals. This has been the pattern for many years and could become a self-fulfilling prophecy.

Professor Pritchard-Jones thanked the Board for their comments and said that their concerns would be noted.

The Chairman thanked both Professor Pritchard-Jones and Neil Kennett-Brown for a frank and open discussion.

69 **ANY OTHER BUSINESS**

None.

70 **DATE OF NEXT MEETING**

Members of the Board were asked to note that the next meeting would be held on 11 December 2013 at 1.30 pm.

Chairman