

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 1-Town Hall - Town Hall
12 February 2014 (1.30 pm – 3.30 pm)**

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Mark Ansell, Consultant in Public Health, LBH
John Atherton, NHS England
Conor Burke, Chief Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Cynthia Griffin, Group Director, Culture, Community and Economic
Development
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

Lorraine Hunter, Committee Officer, LBH (Minutes)
Barbara Nicholls, Head of Adult Social Care, LBH

Apologies

Anne-Marie Dean, Chair, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH

95. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced details of the arrangements in the event of a fire or other event that would require evacuation of the meeting room.

96. **APOLOGIES FOR ABSENCE**

Apologies were received and noted.

97. **DISCLOSURE OF PECUNIARY INTERESTS**

None disclosed.

98. **MINUTES**

The minutes of the meetings held on 11 December 2013 were agreed in principal pending the reinstatement of item 78.

The Board considered and agreed the minutes of the meeting held on 8 January 2014 and authorised the Chairman to sign them.

99. **BETTER CARE FUND - FIVE YEAR PLAN**

Following the detailed guidance received at the Board meeting in December 2013, the draft submission for the Better Care Fund Programme (formerly the Integration Transformation Fund) was presented to Board members. The report outlined the joint view of the Clinical Commissioning Group (CCG) and the Local Authority in their approach for greater integration in care delivery and commissioning. The draft submission was due to be forwarded to NHS England by 14 February 2014 and that a final version would be formally submitted on April 4 2014, therefore, committed judgements on performance, financial commitments and outcomes needed to be clear by that date. A condition of accessing the funding is that there must be joint spending plans and that these plans must meet certain requirements.

The Better Care Fund (BCF) had three key objectives:

- Ensuring more joined up and effective commissioning including procurement, specification and contracting of NHS and ASC services
- Delivering more integrated solutions for citizens /service users and patients at the most appropriate and local level possible
- Ensuring improved management of the use of high cost resources through targeted and GP centric and locality interventions , so avoiding hospital and long term care home admissions

Members were advised that a formal pooled fund, totalling circa £16.884m would be created from April 2015. This would combine Section 256 allocations into a single resource together with the Disabled Facilities grant and Adult Social Care capital grant. During the course of 2014-15 an allocation of these monies would be utilised by Havering in meeting the key objectives together with, in part, the protection of Adult Social Care and related expenditure for implementation of the Care Bill.

It was noted that Havering's allocation using the social care relative needs formula (RNF) is expected to be £4.609m, of which £838k is related to the additional funding. The funding in 2014/15 would be subject to the same conditions attached to the existing transfer.

It was agreed that the Authority and CCG were building on excellent foundations and that the establishment of the Integrated Care Coalition (ICC) had formed a good basis from which to drive the project forward.

The BCF is associated with a number of national performance indicators and targets which would require sign off at a national level against local benchmarking and self-identified ambition. The performance targets are:

- Reducing admissions to long term care homes

- Effectiveness of reablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient and service user experience;

In addition, one measure would be determined locally, and it was recommended that it be associated with carers so as to complement the emphasis in the Care Bill for a renewed focus on this area of policy. It was noted that the aim was keep people away from hospital, in particular, those with learning difficulties or dementia and to provide more care in their own homes.

The Board agreed that further voluntary and community input would be required and that community groups should be approached. Members were advised that Futuregov had opened the Public Sector Launchpad to bring innovation into local public services and that two members of the Board planned to investigate further.

The Board were asked to note the five year projection plan and the initial two year period of priorities and actions to implement in 2014/2015. Work would continue in developing the document leading up to final submission by April 4th 2014. Members of the Board were asked to forward any comments regarding the submission onto officers prior to that date.

A proportion of the BCF is payable on the achievement of the agreed performance targets with performance in the main, against 14/15 measurement.

It was noted that in the spending round indicated that £1bn of the £3.8bn would be linked to achieving outcomes, both national and local. Half of the funding is expected to be released in April 2015. £250m of this would depend on progress against four national conditions, and £250m would relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) would be released in October 2015, and will relate to further progress against the national and locally determined metrics.

At a local level, the Health and Wellbeing Board will provide the oversight for the application of the wider change agenda, the local application and interpretation of the wider strategic requirements, together with driving forward both the integrated Health and Wellbeing Strategy and the Joint Commissioning intentions of the emerging Havering CCG and Local Authority. It will hold the commissioners in Havering accountable for both the financial and performance metrics outlined in the submission.

It was noted that from April 2015, the pooled fund will be governed by the Section 75 agreement.

The Board agreed to:

- Approve the draft Better Care Fund bid for submission to NHS England
- Authorise the Chairman to sign the draft submission to NHS England
- To receive, prior to April 4, the final submission in respect of the Better Care Fund.

100. **CHILDREN & YOUNG PEOPLE'S PLAN**

The Board received an updated report on the progress made against the six priorities in the Children and Young People's Plan 2011- 2014 (CYPP), which sets out the strategic aims of the Children's Trust.

The six priorities are:

- Ensure children and young people are protected from abuse and neglect
- Increase breastfeeding
- Reduce child poverty
- Reduce teenage conceptions and terminations rates
- Support complex families
- Improve access to the most effective therapies

Priority 1

MASH

The Multi-Agency Safeguarding Hub (MASH) went live in 2012, with colleagues from the Metropolitan Police and Health representatives co-located with specialist social care staff in Mercury House. A detailed review of the effectiveness of MASH implementation and operation has revealed that the development and implementation of MASH has been achieved with the necessary governance and commitment. Although there have been some difficulties encountered, this has been overall a successful implementation. Some issues remain, including difficulties in the retention of suitably qualified and experienced staff which is not unique to Havering.

Members of the Board queried whether some children at risk would be overlooked if perhaps they are new to the Borough and/or not registered with a GP. Officers concurred that this could be a possibility and the Board agreed that the Communications team would put information onto the Havering website about GP registration and eligibility for the free nursery scheme.

Early Help

Havering has established a one multi-disciplinary team in the central children's centres locality, which delivers a coordinated service to families whose children may not be at immediate risk of harm but who still require some form of support. By addressing problems at the earliest opportunity,

such provision will reduce the risk of the needs of these families increasing to a point at which they are in crisis and social care needs to intervene in a more robust and legally-based manner.

Troubled Families

The Troubled Families programme is making significant progress in drawing agencies together to work in a new and more effective ways. Closer collaboration of partners involved in the protection of CYP, be it through MASH or through other support mechanisms, will help Havering adapt to potential challenges brought by population migration from other London boroughs.

LB Havering has implemented Strengthening Families, a new approach to child protection, which uses families' strengths and protective factors to develop child protection plans with greater input from that family.

Viewpoint

Viewpoint, a new web-based tool for LAC or subject to a child protection plan, to contribute their views to the review of their plan, was launched in late 2012.

More than 50 children on Child Protection Plans or in the care of the Council have given their views through Viewpoint.

Respite

The tenders for the Short Breaks (aka Respite) provider contracts were evaluated with CYP, their views contributing to 10% of the overall score. There was also the opportunity for parents to influence final decision making.

Priority 2

In 2011/12, 71.1% of mothers in Havering gave their babies breast milk in the first 48 hours after delivery, an increase of 2.4% from 2010/11 rates. This put Havering at the bottom of the third quintile when compared to all England local authorities and at the lowest rate bar one when compared to London authorities. Breastfeeding awareness sessions were delivered in ten secondary schools, with positive feedback from teachers and pupils as well as an extensive marketing campaign focused around Breastfeeding Awareness Weeks. The Breastfeeding Friendly Scheme is proving highly successful with over 100 venues signed up, including GP surgeries, libraries, children's centres, early years education providers and local businesses.

Priority 3

Around 8,800 children aged 16 or under live in poverty in Havering, equating to 18% of the population, which is comparable to our statistical neighbours and reduced from over 9,000 (approximately 20%) in 2011. Although the overall number of CYP living in poverty has decreased, this will

be partly due to the decrease in national median wage (a child is living in poverty if household income is < 60% of median wage). A broad range of activity is underway, in close collaboration with partners, to address the causes of poverty.

Priority 4

When this was chosen as a priority for the Children's Trust, Havering's local conception figures were worryingly high with 190 conceptions in 2009 – a rate of over 40 per 1,000 girls. In 2011, this had fallen to 131 conceptions – a rate of just 28 per 1,000 girls (below the national and regional rates). The most recent (provisional) data shows Havering has an under 18s conception rate of 27.8, slightly below the England average and above the London average. Average conception rates over the first three quarters of 2012 are in line with comparator authorities. This is the lowest ever rate of teenage conceptions in this borough and is testament to the effectiveness of the well-coordinated partnership working which has been central to the work to achieve this priority.

Priority 5

When central government announced the Troubled Families (TF) programme, Havering had already begun to plan how it would address the complex and inter-related risk factors affecting a section of the population, to help them to break their negative and often inter-generational cycles of behaviour and deprivation. The aim is not to create a new service; rather, to re-design our existing services and improve cooperation with partners to maximise the impact of our interventions. The step change is to ensure that the needs of the whole family, rather than individual members, are considered together and that agencies collaborate to deliver services which are in line with the whole family assessment. Department of Communities & Local Government (DCLG) gave Havering a target to identify 415 families by the end of March 2015 (end of the current three-year programme), however, this number of families will have been identified by the end of March 2014, i.e. a year ahead of schedule. The Troubled Families programme will focus on delivering the highest possible quality outcomes for those 415 families.

By the end of March 2014, the TF programme will have submitted payment-by-results (PBR) claims for 160 families, bringing the total of families for whom PBR claims are submitted to 164. This represents a good level of progress as PBR claims can only be made once six months have passed since the family achieved the positive outcome(s) specific to their own circumstances (e.g. regaining and sustaining employment, ceasing anti-social behaviour, or sustaining improved attendance at school).

The TF Programme has assisted the development of the Tier 3 multi-disciplinary team working out of children's centres and includes funding a Domestic Violence worker, and training and development for the teams.

Priority 6

Access to effective therapies has been a concern for parents and professionals alike. The broad themes of activity for this priority are to redesign services, to improve commissioning and collaboration with partners, and to ensure early intervention so as to enable maximum independence.

Investment in 2010-11 (£270k into Health, £85k into Education) has delivered tangible improvements to provision of this essential service, including in the historically difficult area of hearing impairment. The extra funding allowed for the recruitment of more therapists which allows more children to receive the therapy they need.

The CAMHS Partnership Board is re-established and is consistently well-attended by partners. This group plays an integral role in ensuring that mental health services for CYP in Havering meets identified needs. A new CAMHS Strategy is in development and will be in place in early 2014-15. The Children's Trust will continue to oversee and drive achievement against the CYPP priorities. It was noted that the JSNA will be the basis for developing the next Children and Young People's Plan.

101. **UPDATE ON BHRUT**

The Board noted the BHRUT CQC Executive Summary and Report which outlined the key findings and the Special Measures implemented which included the following:

- The requirement for the Trust to develop an improvement plan.
- That an organisational capability review be conducted by Sir Ian Carruthers over the 15 and 16 January 2014.
- A Board to Board meeting in February.
- The Trust Development Agency will appoint an Improvement Director.
- The Trust will receive support from the TDA Special Measures Director.
- The Trust is buddied with a Foundation Trust for peer support.

The Chief Executive informed the Board that a meeting had been held on 10 February 2014 with representatives from Queens and NELFT regarding the Hospital Improvement Plan which required the agreement and input of all three boroughs. It was agreed that this would be a challenge however all parties were equally committed and acknowledged that it was essential that they work together. It was necessary for the Trust to demonstrate that it was addressing financial issues and that systems were moving in the right direction. The outcome of the review on senior leadership was imminent and that an Improvement Manager had been engaged. The Board were advised that the Chief Executive of the Council and the Chief Officer of BHRUT would be meeting with the Trust Development Agency.

102. ANY OTHER BUSINESS

The Board agreed to support the bid for Havering GPs together with GP practices from Redbridge and Barking and Dagenham in a collective proposal to the Prime Minister's Access Fund for financing significant improvements in local Primary Care. The Chairman agreed to forward a letter of support, on behalf of the Board, to the Secretary of State.

103. DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would take place on 19 March 2014 at 1.30 pm.

Chairman