MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
19 March 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
Anne-Marie Dean, Chair, Health Watch
Cynthia Griffin, Group Director, Culture, Community & Economic Development, LBH
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

Lorraine Hunter, Committee Officer, LBH (Minutes)
Pippa Brent-Usherwood, LBH
Sarah Thomas, LBH

Apologies

Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH

104. 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.

105 APOLOGIES FOR ABSENCE

Apologies were received and noted.

106 DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

107 MINUTES

The Board considered and agreed the minutes of the meetings held on 12 February 2014 and authorised the Chairman to sign them.

The Board considered and agreed the amended minutes of the meeting held on 11 December 2013 and authorised the Chairman to sign them.

108 MATTERS ARISING

None.

109 JOINT ASSESSMENT AND DISCHARGE TEAM

The Health and Wellbeing Board considered the progress report on the Joint Assessment and Discharge (JAD) team and were asked to note the following:

- The Service Manager had been appointed and had begun working with the staff teams around the operational model, including end to end assessment processes.
- Work was underway to draft the S75 agreement that would formalise the governance arrangements, including budgets, staffing and delegated authorities, to the host organisation – London Borough of Barking & Dagenham.
- Staff consultation was planned to begin from the end of March 2014 to run for 30 days and meetings were underway with unions.
- The Joint Assessment and Discharge Service (JAD) would consist of around 50 health and social care staff, with a staff budget of c. £2m.

The Service would be arranged into Ward Groups within Queen's Hospital and 1 Ward Group in King George's. Each Ward Group would consist of a Manager and 7 or 8 JAD workers, who would work with the wards' multi-disciplinary teams (doctors, nurses and therapists) on a 7 day working model. The JAD would be the single point of contact for all referrals of people who may require health and/or social care support on discharge. As previously agreed, the JAD would not deal with referrals of people who may require specialist rehabilitation services.

The development and implementation of the JAD was supervised by the Integrated Care Coalition and the Urgent Care Board. There were regular Executive Steering Group meetings with senior representation from each participating organisation with the London Borough of Barking and Dagenham as the 'host' organisation. It had been agreed that the Steering Group would become the "governing body" for the service.

The JAD proposals needed to unify with BHRUT improvement plans currently being drafted, to ensure complementary alignment and acknowledging the significance of specialist measures and the requirements they may bring.

The service required a dedicated operational policy which was also under development. Key headings and structure were now being tested against staffing and organisational requirements.

The target date for commencement was June 2014.

110 UPDATE ON CARE BILL

The Board received a presentation on the changes to the Care Bill which had been described as the most fundamental changes for a decade. The bill was due to have its final hearing in the house and should have Royal Assent by April 2014. The focus of the bill was very much around people's well-being being at the heart of very decision that is made. It was also proposed to put carers on the same footing as those that they care for. There would be a new focus on preventing and delaying need for care and support rather than intervening at crisis point and Personal budgets would be put on a legislative footing for the first time which people would be able to receive as direct payments if they wish. In short the bill would:

- reform the funding system for care and support, by introducing a cap on the care costs that people will incur in their lifetime.
  ensure that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new universal deferred payments scheme;
- provides for a single national threshold for eligibility to care and support;
- gives new guarantees to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need;
- includes new protections to ensure that no one goes without care if their providers fail, regardless of who pays for their care;
- has new provisions to ensure that young adults are not left without care and support during their transition to the adult care and support system.

A major programme of work was underway to produce the regulations and statutory guidance. Draft regulations and guidance for 2015/16 would be published for public consultation in May 2014 with the final publication of regulations and guidance in October 2014.

The main direct financial implications were:

- The upper capital threshold for means-tested support will rise to £118,000 (currently £23,250) from 2016/17.
- A cap will be set at £72,000 for the maximum contribution anyone will make to adult social care.
- People in residential care will pay a contribution of around £12,000 yearly towards general living expenses – 'hotel costs'.
- There will be a zero cap for people who turn 18 with eligible care and support needs.

- A national minimum eligibility threshold will be introduced. This is likely to be substantial – however substantial, it will be more far reaching than at present.
- A requirement to provide, review and update an 'independent personal budget' for people who have eligible care needs but do not meet financial criteria.
- This notional budget will allow the individual to progress towards the care cap. It will be based on the amount that the local authority would pay for care – not the amount the self-funder might choose to pay.
- Introduces the 'Care Account' – to be managed by LA – and transferrable if the person moves.
- Care Account will include all care and support received – including services received in their own home
- Spending on care & support will be 'metered' by LA to a maximum of the cap - £72,000
- To start the 'meter' – individual must first be assessed by the LA.
- The 'deferred payments' scheme, whereby the cost of care is offset by the future sale of the client's home, will be cost neutral to local authorities and therefore interest and administrative fees will be allowed.
- Where a client receives care outside the home borough, the second borough will be required to take the original care and support plan into account and to provide a written explanation if it differs.
- The duty to prevent, delay or reduce the need for care and support will apply to both carers and people with care needs.

The Board noted the changes and the implications for Havering.

111 BETTER CARE FUND

Members of the Board were advised that the draft document had been submitted to NHS England. Work would continue on the document prior to final submission on April 4 2014.

The Chief Executive who attended the Department of Health Local Government Steering Group advised that the Department of Health viewed this initiative with much interest, however, it would be necessary to make clear in the risk assessment that there were significant risks involved due to the local hospital currently being placed in special measures.

The Board member from NHS England advised that that the submission from Havering was very strong and would be happy to provide more feedback.

The Board agreed that the final submission of the Better Care Fund application being signed by the Chairman prior to April 4 2014.

112 HAVERING, BARKING & DAGENHAM, REDBRIDGE CLINICAL COMMISSIONING GROUP 5 YEAR STRATEGIC PLAN

The Board noted the Draft 5 Year Strategy Plan for BHRUT CCG and approved the plan in its current form for submission to NHS England. The

final draft would be submitted in June 2014. It was noted that a number of proposals lacked finer detail, however, a more robust plan would be available before June 2014.

The representative from NHS England was asked to enquire who the designated signatory was for the document.

113 TROUBLED FAMILIES

The Troubled Families programme was aimed at turning around the lives of 120,000 troubled families in England by 2015. Local authorities were tasked with identifying and working with an agreed number of families on a payment by results basis.

As of March 2014, the agreed figure for Havering of 415 households had been identified and that the figure now exceeded 500. The programme was approaching the end of a three year period and the Board was asked to note the following measures implemented by the Troubled Families team and partner agencies in dealing with complex families:

- Better coordination, collection and use of data especially social care, education, and crime data in order to develop long-term strategies and provide earlier help for vulnerable people.
- Establishing closer links with Homes and Housing, especially as there has been an increase in housing related issues relating to welfare reforms;
- Embedding Whole Family assessments in order to encourage supporting agencies to focus on the needs of the whole household;
- Focussing on Troubled Families in order to develop bespoke thinking that will make real changes for families and the services they receive; and
- Evaluating what services are working and identifying effective practice in order to highlight inefficiencies and the duplication of work.
- Co-locating school nurses with Early Help;
- Embed Troubled Families work and Payment by Results within services to ensure business as usual.

The aim of the Programme is to identify and then address the key factors that cause families to escalate into complex, high cost, high need ones. The national criteria as set down by the Department for Communities and Local Government had been created to tackle key themes which included;

- Crime & Anti-Social Behaviour (including being the victim of domestic violence)
- Education
- Being in receipt of work related benefits

Local authorities were allowed to include their own criteria to reflect local needs. For Havering, these included domestic abuse, substance misuse,

suffering mental health problems, having debts, being a single parent and housing issues.

Havering had received in excess of £160,000 from the Department of Communities and Local Government for the successful turnaround of families in Havering. This money was being passed on directly to those agencies that have evidenced that they have worked with a family to "help turn them around".

The Board were advised that the programme was being extended for a further five years and that a new phase with different criteria was being developed. Central Government wanted to look at school attendance and exclusion, however, Havering did not operate an exclusion policy and would have to request special dispensation from the government.

Members of the Board were reassured that troubled families not deemed relevant to the new criteria would still be identified. Officers advised that this depended on the family concerned, however, there were a number of professionals such as school nurses, community midwives who could link up and identify such families.

The Board noted the report.

114 ANY OTHER BUSINESS

(i) As part of the Dementia strategy, the Board were advised of discussions with NELFT and Barking & Dagenham regarding the provision of facilities for people with dementia. A paper was in preparation which had yet to be agreed by the CCG and NELFT and would be brought to the Board at a later date.

(ii) The Board would receive a draft plan on tackling obesity at a later meeting.

(iii) The Chairman requested that future reports provide more specified information with measurable indicators and timescales.

(iv) The Acting Director of Public Health would look into plans for a campaign on MMR immunisation.

115 DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on April 9 2014.

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CHAIRMAN