

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
9 July 2014 (1.30 - 3.35 pm)**

Present

Cllr. Steven Kelly (Chairman) Cabinet Member for Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Cllr. Wendy Brice-Thompson, Cabinet Member for Health, LBH
Conor Burke, Chief Officer, BHR CCGs
Cheryl Coppell, Chief Executive, LBH
Anne-Marie Dean, Chair, Healthwatch
Cynthia Griffin, Group Director, Culture, Community and Economic Development, LBH
Alan Steward, Chief Operating Officer, Havering CCG

In Attendance

Phillipa Brent-Isherwood, Head of Business and Performance, LBH
Barbara Nicholls, Head of Adult Social Care, LBH
Lorraine Hunter-Brown, Committee Officer, LBH (Minutes)

Apologies

Mark Ansell, Consultant in Public Health, LBH
John Atherton, NHS England
Cllr. Meg Davis, Cabinet Member for Children & Young People's Services, LBH
Joy Hollister, Group Director, Social Care and Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

1 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.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received and noted.

3 DISCLOSURE OF PECUNIARY INTERESTS

None declared.

4 **MINUTES**

The Board considered and agreed the minutes of the meeting held on 7 May 2014 and authorised the Chairman to sign them.

5 **MATTERS ARISING**

The Chairman thanked Board members for their hard work and commitment during the last twelve months in launching a number of successful initiatives aimed at improving the health outcomes for Havering residents.

The Chief Executive advised that all organisations within the local health economy had detailed management plans in place with committed project management teams to drive processes forward in the coming municipal year.

The Board discussed End of Life care with particular regard to people with dementia or people living on their own. It was agreed that the Clinical Commissioning Group representatives would provide an End of Life update at the October 2014 meeting.

6 **COMMUNITY ENGAGEMENT IN LEARNING DISABILITIES AND DEMENTIA**

The Board received a report from the Chairman of Havering Healthwatch that provided an update on a series of workshops held in the borough during February and March 2014. It was noted that the report had recently been presented at the National Commissioning Conference with Healthwatch England and at the last Board meeting at Queens Hospital where the Executive agreed to accept all the recommendations.

The purpose of the report was to investigate what services were available in Havering for people with dementia or a learning disability and what was needed to be done to secure improvements. Attendees to the workshop sessions included service users, carers, representatives from the voluntary sector, NHS organisations and Local Authority departments. The framework at each meeting and themes discussed were:

What is missing?

What would make a difference?

What have you experienced that is good?

The following conclusions were drawn from all the attendees sharing their knowledge and experience on both dementia and learning disabilities:

- Overall, services for people who have a learning disability or dementia appear adequate and there have been some good, innovative developments.

- Service planning over the years has taken account of the needs of people who have dementia; but much remains to be done, especially in early diagnosis.
- Services for people who have a learning disability appear to be less advanced. The challenges are across all the age groups, but many parents felt very strongly about the support and access to basics such as aids and equipment.
- A more contemporary and intuitive care model for learning disability and dementia, which addresses the inequity of service and access across the Borough, is needed.
- The feedback indicates that people who use services and carers need better means of communicating their views and a better understanding of how to seek the support and help that they need.
- That is not necessarily a criticism of the services – there was no suggestion that staff do not listen, or seek views, or try to tailor services to individual need. However, the statutory provisions under which services are provided tend to be aimed at common needs rather than individual circumstances.
- Personalised budgets will undoubtedly help people choose what they want rather than what is on offer. However, it may take time both to give people the confidence to make their own choices and for “the market” to develop service packages that are tailored to individual choice.
- People will need help and support in taking on this responsibility.
- Service users and carers appeared to be confused regarding the services on offer, the role of various voluntary sector organisations and who to contact and when.
- Service delivery problems are not confined to one sector: and there is evidence of joint planning and working across the agencies. However, from the comments given by users and carers, there is no doubting professional staff commitment and passion to achieve the best possible care standards for the residents in the Borough.

In response, Healthwatch had highlighted areas of concern and made a number of recommendations in each of which the main points were:

- Health checks – to review provision and monitoring of annual health checks and to consider a centralised service with expertise in dementia and learning disability.
- General Practice awareness – to ensure GPs had the necessary training and expertise and to eradicate delays in diagnosis and treatment.
- Communication and awareness – to develop borough information pack for learning disability and dementia.

- Staffing – to clarify the position in respect of Admiral Nurses and their future role in the borough.
- One Stop Shop – to provide all community services in one location so as to benefit service users and carers.
- JSNA – to improve the level of local detail about learning disabilities and dementia thus providing a better opportunity to plan and design care for the longer term.
- Reachability – to introduce “Reachability” as the new criteria for measuring access to services.

In conclusion, concerns were expressed about the regularity of annual health checks for people with a learning disability and also the delays in GPs diagnosing dementia.

The Chairman of the CCG advised the Board that diagnosing dementia often took some considerable time as the Memory Clinic would only accept referrals on blood tests taken after three months.

The Healthwatch Chairman advised Board members that the organisation was planning to develop and train staff in Learning disabilities.

The Board welcomed the report and agreed the following actions:

- A. The Chief Officer of the CCG would respond to a number of key points raised by the report and to investigate what services were being offered by current providers. A briefing would be available to the Health and Wellbeing Board in September 2014.
- B. There should be a review of voluntary and community services relating to Learning disabilities and Dementia and that a mapping exercise should be carried out.
- C. It was agreed that there should be a single source of up to date information which can be posted on a website. Information should also be simplified and easy to read and that leaflets for dementia and Learning disabilities should be merged. Advice and support on dementia and Learning disabilities was especially important when communicating with different cultures and ethnic groups.
- D. There should be a review of Learning disability services in the borough.
- E. It was agreed that the Chairman of Healthwatch should provide a report specifically on learning disabilities at a later meeting.

7 PRIME MINISTER'S CHALLENGE FUND UPDATE

The Board received an update from the Chief Operating Officer of the Clinical Commissioning Group (CCG) on the Prime Minister's Challenge Fund. The Challenge Fund of £5.6 million would be utilised to transform

Primary Care across Barking, Havering and Redbridge (BHR) over the next two years for the benefit of patient and to develop GP services. It was noted that there are three components in the Challenge Fund as follows:

- Access; extended hours, triage service, A&E support and care home and care professional support. Enhancing patient experience by providing improved access to emergency care, more responsive and flexible service covering evenings and weekends.
- Complex Care; tailored teams to meet patient's needs, patient support for reduction in reliance on hospital care, proactive planned care and Telehealth. Enhanced patient experience would include individually tailored care outside of hospital, proactive support, increases in capacity in Primary Care for others and reduced admissions.
- Software development; to enable all health providers to hold the very latest records and information. The computer system would be linked to extract information from various providers.

The CCGs were exploring the possibility of GP practices forming federations which could provide shared services or extended opening hours. It would be for the practices to plan the most effective delivery in how they could provide coverage from 8.00 am to 10.00 pm.

In total, there were 137 GP practices in BHR with 759,000 patients and there were already some clusters of GP practices working collaboratively to support combined lists of 50,000 patients. The Integrated Care Management team were currently supporting 3000 patients.

Complex Care would be supporting 1000 vulnerable patients across BHR. There were plans to link triage and the 111 service so as to provide support to A&E and provide an effective care home service.

The CCG advised the Board that they were considering co-commissioning Primary Care services with NHS England. Further briefings on this aspect would be brought to the Board at a later date.

The Board were advised that the CCG Communications Manager would advise about publicity for the Challenge Fund.

The Board agreed that the BHRUT Chief Officer would present a paper on the IT Software development at the October 2014 meeting.

The Board noted the update and that a more detailed report would be presented at the September 2014 meeting.

8 CARE ACT/BETTER CARE FUND - QUARTERLY UPDATE

Board members received an update on the Care Act and were asked to note the following:

The Care Act

The Care Bill had been given Royal Assent on 14 May 2014 and that the Act would become final in April 2015. Draft regulations and guidance had been issued for consultation and it was anticipated that the final version would be published in October 2014.

There was a lot of work being done nationally in order to understand the impact of the Care Act and ADASS was co-ordinating a national social care response on behalf of its membership.

There was also concern nationally as regards the affordability of the Care Act and its impact on the cost to Local Authorities in extending carers rights as set out in the legislation. The Group Director for Children, Adults and Housing had recently attended a meeting where this was discussed. Following a recent debate in the House of Lords, the government had committed an additional £69.4m funding via the BCF for 2015/2016 rising to £192.6 million in 2020 although it was not clear whether new money would be made available. It was noted that a grant of £125K would be given to Local Authorities for this financial year to cover implementation and a further £1.2 million next year.

With reference to preparations taking place in Havering, a Technical Hub had been established and was working to an agreed Programme Plan. A recent guidance and regulations workshop had proved productive outlining key issues pre and post April 2015 which were as follows:

- Implications to Social Work practice and changing the care management operationally
- Financial implications of additional cost pressures such as infrastructure and staff resources
- Focus on prevention in delaying the need for care and support
- Eligibility criteria
- Need to ensure that information, advice and signposting is robust and delivered by the right skill set.
- Emphasis on promoting resident independence and involving family and support networks
- Participation of NELFT

- To review in detail the end to end processes in order to design a new assessment support planning pathway fit for purpose.

Better Care Fund

The Board received an update on the Better Care Fund (BCF) and were asked to note the following:

- Plans would not be signed off as there were ministerial concerns regarding the robustness of financial modelling and provider engagement.
- Looking for a more detailed breakdown of planned investments and savings and how the BCF will impact on emergency admissions and the acute sector
- A key change had been recently announced in that £1 million of the £3.8 million would be held back for payment for the performance related element of BCF which was now linked to achievement of targets. ADASS had concerns about the impact on elements of the BCF that are specific to protecting Adult Social Care, therefore, a detailed analysis was currently underway
- The Health and Wellbeing Board would be asked to re-submit plans in the near future which would be subject to a revised assurance process

The Board noted the updates.

9 HEALTH AND WELLBEING FIVE YEAR STRATEGIC PLAN

The Health and Wellbeing Board received the final version of the Barking Havering and Redbridge Five Year Strategic Plan. The plan set out how the Strategic Planning Group would work collaboratively across the three boroughs in order to achieve a shared financially viable vision in meeting the expectations and improving outcomes for patients.

The Board noted and approved the plan.

10 FUTURE PRIORITIES, CHALLENGES AND OPPORTUNITIES FOR THE HAVERING HEALTH AND WELLBEING BOARD

Board members received a presentation on the priorities, challenges and opportunities for the Health and Wellbeing Board from 2014 to 2017. The current 8 priorities split into three thematic areas for 2012-2014 are as follows:

Prevention, keeping people healthy, early identification, early intervention and improving wellbeing

- 1 Early help for vulnerable people
- 2 Improved identification and support for people with dementia
- 3 Earlier detection of cancer
- 4 Tackling obesity

Integrated support for people most at risk

- 5 Better integrated care for the “frail elderly” population
- 6 Better integrated care for vulnerable children
- 7 Reducing avoidable hospital admissions

Quality of services and patient experience

- 8 Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be

The Board were asked to consider the following as suggested priorities for 2014-2017 and to note that they were still grouped into 3 thematic areas:

Preventing, reducing and delaying the need for care and support through effective demand management strategies

1. Early help for vulnerable people
2. Improved identification and support for people with dementia
3. Improve the effectiveness of support for people with mental health conditions
4. Tackling obesity

Integrated support for people most at risk

5. Better integrated care for the “frail elderly” population
6. Better integrated care for children, young people and families
7. Reducing avoidable admissions and premature deaths

Quality of services and patient experience

8. Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be

It was suggested that the above priorities should be subject to a longer timeframe than the one currently in place in order to impact on desired outcomes whilst recognising the need to keep the strategy current and the changing demography of the borough.

Several areas had been identified as immediate priorities such as improved identification and support for people with dementia, improving the effectiveness of support for people with mental health conditions, tackling obesity, reducing avoidable admissions and premature deaths and improving patient experience and service quality.

Members agreed that data and performance indicators should be reported to the Board on a regular basis in order to monitor progress against the agreed priorities. The Board agreed to refresh the Joint Health and Wellbeing Strategy and accompanying action plan, and that the document is presented at the Health and Wellbeing Board meeting in October 2014.

11 ANY OTHER BUSINESS

It was noted that the CCG were currently undertaking consultations relating to Intermediate Care in Barking, Dagenham, Havering and Redbridge and that there would be a further update at the next Health and Wellbeing Board meeting. The Board were advised that the proposals would be presented by the Chief Officer to the Health Overview & Scrutiny Committee.

Members of the Board were advised that the CCG had been holding discussions with NHS England regarding future plans for the St Georges Hospital site. It had been proposed that medical facilities would be built on 10%-15% of the land. The Group Director of Culture, Community and Economic Development had recently held a productive meeting with the CCG and planners.

The Board gave their approval for the CCG to proceed with the proposal.

12 DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on Wednesday 13 August 2014 at 1.30 pm.

Chairman