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HEALTH & WELLBEING BOARD

AGENDA

Wednesday 7 May 2014
1.30 pm – 3.30 pm
Committee Room 2 – Town Hall

1. CHAIRMAN'S ANNOUNCEMENTS

   The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

   (If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

   Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting. Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 12)

   To approve as a correct record the minutes of the Board Meeting held on 19 March 2014 and 9 April 2014 and to authorise the Chairman to sign them.

5. MATTERS ARISING

6. CHALLENGE FUND UPDATE

   To receive a verbal update from Conor Burke.

7. INDEPENDENT CARE COALITION UPDATE

   To receive a presentation from Cheryl Coppell.

8. DEMENTIA STRATEGY/DEMENTIA CENTRES

   To receive a report and presentation from Dr M Sanomi.

9. INTEGRATED MASH AND DEVELOPMENT OF COMMUNITY MARAC FOR ADULTS

   To receive a presentation from Phillipa Brent-Isherwood.

10. ANY OTHER BUSINESS

11. DATE OF NEXT MEETING

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

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
9 April 2014 (1.30 - 2.50 pm)

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
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 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

Dr Atul Aggarwal, Chair, Havering CCG
Joy Hollister, Group Director, Social Care and Learning, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH

116 **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.

117 **APOLOGIES FOR ABSENCE**

Apologies were received and noted.

118 **DISCLOSURE OF PECUNIARY INTERESTS**

None disclosed.

119 **MINUTES**

The minutes of the meeting held on 19 March 2014 were noted but not signed.

121 MATTERS ARISING

None were raised.

122 HEALTHWATCH DEVELOPMENT AND PROGRESS UPDATE 2013/2014

The Chairman of Havering Healthwatch presented the report with attached appendices on the development and progress to date of Healthwatch during its first operational year - 2013/2014. The report was not, as itemised on the Agenda, the Annual Report which would be available later in the year.

Healthwatch Havering was formed in April 2013 as part of Healthwatch England whose Chairman is a member of the CQC Board. The Health and Social Care Act formalised the relationship between Healthwatch England, the Secretary of State, NHS England, Care Quality Commission, Monitor and English local authorities. Havering Healthwatch became the local independent consumer champion for health and care.

Healthwatch was a new national concept with direct aims and objectives from Healthwatch England and that these aims and ways of working would be translated into local practice.

Healthwatch currently had three employees with the remainder the team being staffed by volunteers. Healthwatch was created as a private company with a Board consisting of a Chairman, Company Secretary, Director and General Manager. All these individuals had previous experience in Board and operational management in health, local government, independent contractors to the NHS and the voluntary sector. The team of volunteers also come from a very diverse background bringing much knowledge and experience. The organisation consisted of the Lead Members, Active Members and Support Members who provide intelligence.

All the Healthwatch Team were trained to the same standard and all lead and active members received a dedicated training programme. A volunteer's handbook has also been developed specifically to support these roles.

The governance structure and arrangements were formally published at the public launch in August 2013 and these were reviewed and updated by the Board in January 2014.

Healthwatch hold monthly Board meetings which are open to members of the public. Healthwatch is an open and transparent organisation and that all reports, public consultations and evidence collected at public forums are published on the website. There was also an open and transparent structure for making decisions thus enabling the volunteer members to influence and determine work prioritisation.

The Chairman acknowledged that the volunteers working for Healthwatch was their greatest asset and commended their dedication and commitment to wanting to make a difference within their local community.

Havering Healthwatch had recently been commended by the CQC as being one of the most advanced and developed.

During 2013/2014 Healthwatch Havering ran 6 public events and these were as follows:

- 1 event on intermediate care teams (in collaboration with the CCG)
- 5 cross Borough events 'Have your Say with Healthwatch Havering' on Learning Disabilities and Dementia

Over the last few months, Healthwatch had focused on dementia and adult care homes. During this period, given their statutory right to inspect non NHS establishments (Powers to Enter and View), Healthwatch had inspected 5 care homes in the borough and planned to inspect a further 15 before September 2014. It was noted that three reasons are required to validate an inspection and that all care homes visited were given the opportunity to read the inspection reports prior to publishing. All inspection reports were forwarded to the CQC.

In addition, Healthwatch also received and dealt with individual concerns from members of the public about local health services as noted in the Hospital Team Log (Appendix 1). Healthwatch also attends and works with a number of organisations both within the borough and across London (Appendix 2).

The Chairman stated that during the 2014/2015 period, Healthwatch would be focusing on the following key priorities:

- End of Life Care
- Frail and Elderly Care within the Emergency department
- Access to Primary Care
- Access to Health checks and immunisation
- Continue the programme of Care Home visits
- To identify a project working with Young People

Future programmes of work would also include work streams on Hospital Services, Social Care, Learning Disabilities, Primary Care and Mental Health service provision.

The Chairman thanked all colleagues in health and social care who had supported Healthwatch in the first year.

The Board noted the report and commended the Chairman on achievements thus far and on the clarity of the future action plan.

123 BETTER CARE FUND FINAL SUBMISSION

It was noted that there had been very few minor changes made to the original draft application. The Health and Wellbeing Board therefore agreed to approve the final application for submission to NHS England.

The Chairman, on behalf of the Board, thanked all concerned for their efforts and hard work.

124 HAVERING RESPONSE AND IMPLEMENTATION OF FRANCIS REPORT RECOMMENDATIONS

Members of the Board noted the report and attached appendix which provided an update on the progress made in the implementation of the Francis Report recommendations across the BHRUT care and health economy.

The lesson from events at Mid-Staffordshire was that a fundamental culture change was needed to put the patient at the centre of the NHS. The CCG and Local Authority had made a commitment to implement a number of specific early actions and changes arising from the Public Inquiry and the report focussed on these actions.

The Nurse Director was asked to develop an implementation plan to the Francis Report recommendations and this work commenced in April 2013.

A BHR system wide Task and Finish group was established in September 2013, chaired by the Nurse Director with members from BHR CCGs and Local Authorities. The group also sought the views of and engaged with providers and Lay members of the governing bodies including Healthwatch and Safeguarding Board Chairs to review the recommendations in detail, agree priorities for delivery and to develop an implementation plan. The Task and Finish group considered and agreed the implementation plan.

All three Local Authorities and CCGs reported significant progress on actions thus far and Appendix 1 provided a snapshot of what had been achieved during 2013/2014 including the following:

- The CCG published its response to the Francis Report on their website
- A quality assurance monitoring framework has been implemented for all large and medium size contracts
- The CCG has welcomed patient and public feedback, has acknowledged service difficulties where they existed and have worked and encouraged providers to do the same.
- The sharing of quality and safeguarding information with the CCG and its partners has raised potential quality concerns thus enabling immediate action to be taken.
- The CCG has developed internal systems that enable the quality team to work with general practitioners to follow up concerns raised during patient consultations

- Clinical directors actively participate in the Clinical Quality Review Meetings and this has strengthened the CCG's clinical contract management

BHRUT would continue to implement the agreed actions and that progress would be reviewed by the CCG's Quality and Safety Committee on April 14. In addition, the CCG would continue to implement all completed actions within their current commissioning system and daily activities for example, quality assurance walk round visits to departments in Barking, Havering, Redbridge University NHS Trust and North East London NHS Foundation Trust to ensure quality and patient centred care. There was still a lot of work to do in order to fully understand all 290 recommendations in the report.

The Health and Wellbeing Board noted the progress report and actions taken by the LA/CCG to implement the recommendations to date. Several members of the Board requested further clarification on what actions were being taken in Havering and it was therefore agreed that the Chief Officer of Havering CCG would circulate to members of the Board the Francis Report Workshop. It was also agreed that the Board should receive further updates at future meetings.

125 **VIOLENCE AGAINST WOMEN**

The Board noted that the report was not available and agreed to defer the item to a later meeting.

126 **ANY OTHER BUSINESS**

In a discussion relating to Mental Health service provision, the Chief Executive suggested that this should be a topic for a future meeting and the Board members agreed.

127 **DATE OF NEXT MEETING**

Members of the Board were asked to note that the next meeting would take place on 7 May 2014 at 1.30 pm.

Chairman

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