MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
18 January 2017 (1.00 - 3.00 pm)

Board Members Present:

Councillors Wendy Brice-Thompson (Chairman) Roger Ramsey, Robert Benham and Gillian Ford.

Andrew Blake-Herbert, Chief Executive

Dr Susan Milner, Interim Director of Public Health

Tim Aldridge, Director of Children's Services

Barbara Nicholls, Director of Adult Services

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)

Dr Gurdev Saini, Board Member, Havering CCG

Alan Steward, Chief Operating Officer, Havering CCG

Anne-Marie Dean, Chair, Healthwatch Havering

Piers Young, Deputy Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) (substituting for Matthew Hopkins)

Carol White, North East London NHS Foundation Trust (NELFT) (substituting for Jacqui van Rossum).

Also present:

Ian Tompkins and Samantha Campbell, STP Communications
Dr Russell Razzaque, Associate Medical Director, NELFT
Oge Chesa, Deputy Chief Pharmacist Barking and Dagenham, Havering & Redbridge CCG
Mark Ansell, Public Health
Gloria Okewale, Public Health

All decisions were taken with no votes against.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that might require the evacuation of the building.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Matthew Hopkins, BHRUT (Piers Young substituting) Jacqui van Rossum. NELFT (Carol White substituting) and from Conor Burke, BHR CCGs.

Apologies were also received from Philippa Brent-Isherwood, London Borough of Havering.

3 DISCLOSURE OF INTERESTS

Councillor Gillian Ford disclosed a personal interest in item 17 (update on integrated care partnership (previously ACO) locality boundaries and STP) due to a family relationship with a presenter of the item.

4 MINUTES

The notes of the inquorate meeting of the Board held on 10 November 2016 were agreed as a correct record.

5 DRAFT HEALTH AND WELLBEING STRATEGY

Note: Due to the previous meeting of the Board held on 16 November 2016, being inquorate, agenda items 5-13 were resubmitted in order to take any comments in addition to those shown in the notes of the meeting. The notes of the inquorate meeting are appended to these minutes for information.

The Board made no further comments on the draft Health and Wellbeing Strategy as this was being considered later in the agenda.

6 LOCAL SAFEGUARDING CHILDREN AND SAFEGUARDING ADULTS BOARD REPORTS

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

7 SINGLE INSPECTION FRAMEWORK UPDATE (VERBAL)

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

8 LOOKED AFTER CHILDREN - HEALTH CHECK UPDATE (VERBAL)

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

9 ADULT SOCIAL CARE LOCAL ACCOUNTS FOR 2015/16

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

10 REFERRAL TO TREATMENT DELAYS IN BHRUT UPDATE

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

11 HOUSING DEVELOPMENT

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

12 BHR CCGS' LOCAL DIGITAL ROADMAP

The Board made no further comments on this issue other than those shown in the notes of the previous meeting.

13 TERMS OF REFERENCE

The Board considered a report which recommended a slight amendment to the Board's terms of reference in order that named substitutes for Board members be allowed at Board meetings. Named substitutes would also have voting rights.

The report was agreed without division and it was resolved:

1. That the Health and Wellbeing Board agree that named substitutes be permitted for members in the event members are unable to attend meetings of the Board. These substitute members to have voting rights on issues where a vote is required.

2. That the following wording is added to the 'Reporting and Governance' section of the Board's Terms of Reference:

    - Named substitutes for Health and Wellbeing Board Members are permitted if advised prior to the start of a meeting. Named substitute members will have voting rights.

14 COMMUNITY PHARMACY (FOR INFORMATION)

A representative of Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) advised the Board that a Pharmacy Intervention Fund had been announced by NHS England in October 2016. This would allow NHS 111 to contract pharmacists to whom people could be referred for the administration of urgent repeat prescriptions. This would run

on a pilot basis until April 2018. Pharmacists would also be trained to carry out enhanced services within care homes.

There were no pilots running currently in Havering and so there were unlikely to be any changes to local pharmacy services until 2018. More details on the care home elements were expected to be released later in 2017. A written summary of which Havering pharmacists could currently take referrals from NHS 111 could be provided to the Board.

Officers from Havering CCG added that a new NHS 111 service was in the process of being procured and this would divert people to pharmacists if they simply required a repeat prescription. A small number of local GP practices already employed pharmacists and the CCG also ran a programme to train pharmacists in chronic disease management such as Chronic Obstructive Pulmonary Disease.

The Board noted the position.

15 REFRESHED HEALTH AND WELLBEING STRATEGY FOR APPROVAL

The Interim Director of Public Health advised that feedback from the Board had been taken into account in the mid-period refresh of the strategy. Members of the Board were invited to select performance indicators that could be put into a dashboard that would be brought regularly to the Board. It was planned to bring a dashboard to the Board in May 2017. The redraft of the strategy for the next period would commence in autumn 2017.

It would also be necessary to consider the governance structure of the Board and how this related to developments across North East London. Board members were therefore invited to submit any comments on the Board's governance and which other groups reported into the Board. It was confirmed that the Chairs of local Health and Wellbeing Boards did meet as part of a wider group but it had been decided not to formally combine local Health and Wellbeing Boards.

The Board approved the refreshed Health and Wellbeing Strategy.

16 UPDATE ON INTEGRATED CARE PARTNERSHIP (PREVIOUSLY ACO) LOCALITY BOUNDARIES AND STP

A representative of the Sustainability and Transformation Plan (STP) team confirmed that a more simple and transparent narrative explaining the proposals was in the process of being developed. A meeting of communications leads from all organisations involved with the STP (including the Council) had been arranged for 26 January. A memorandum of understanding re STP governance had also been circulated. The STP had started working on establishing a community council and had also

developed linkages with the Healthwatch organisations. A political leadership group was also being considered.

The Director of Communications and Engagement indicated he would like to attend the Board regularly and was also happy for his contact details to be circulated to the Board.

It was hoped that governance arrangements for the STP would be confirmed by April 2017 and that the focus would be on partnership working and local control from partner bodies. The STP was linked to the procurement of NHS 111 services across North East London and work was also in progress with the London Ambulance Service.

Councillor Ramsey felt that there may not be enough governance involvement from Councils with for example only one Local Authority representative on the STP Board. A Leader's Committee had been suggested but Councillor Ramsey felt that there was less understanding of the STP amongst Leaders of Boroughs not involved in the Integrated Care Partnership (ICP) work. The STP representative noted these concerns.

It was accepted that more detail was needed in the STP documents of work in the non-ICP areas covered by the plans. The Council Chief Executive felt there were some common themes across all the ICP boroughs but that Havering was further ahead in a number of areas. A report on STP governance would be brought to the next meeting of the Board.

The Healthwatch Chair added that local residents wished to be certain that people running services would still be in control of these under the STP. It was also felt that changes of names such as the ICP were confusing for members of the public. It was also accepted that the branding of the STP needed more work and that stronger linkages should be established with areas such as Essex, Epping Forest and the City of London.

The Board of the Integrated Care Partnership was chaired by the Cabinet Member for Health in Barking & Dagenham. Councillor Brice-Thompson also attended these meetings and a representative of Healthwatch was also present. The locality boundaries had been drafted and the Health and Wellbeing Board would be invited to agree these at a future meeting. Priorities for the locality areas included children's health & social care and urgent & emergency care. The benefits and challenges of each locality area were currently being investigated and it was hoped challenges could be solved at the locality level where possible. Progress in Havering would be reported on at the next ICP board meeting.

An Integrated Commissioning Board had been established and the Transforming Care Partnership Board could be used to test out joint commissioning across the pathway. It was agreed that housing, jobs etc were critical to prevention of health problems and the self-care of residents. Links had recently been established between housing officers and NELFT's talking therapies teams.

The Director of Public Health added that, with reduced budgets, it was difficult to focus on prevention but existing contacts could be used to improve this. Public health worked closely with BHRUT and the local CCGs on selected clinical pathways.

Councillor Ford felt that wellbeing was key and that areas such as children's centres and healthy eating should be considered as part of a focus on the wider determinants of health. The CCG chief operating officer agreed, feeling that it was important to use existing resources in a more effective way.

It was also felt that there should be more of a focus on prevention in the STP in order that the public health message could be spread more widely. The Marmot Report also focussed on giving children the best start in life and there was a need to focus more on tackling health inequalities which were likely to rise in Havering.

The Board noted the update.

17 OPEN DIALOGUE - PRESENTATION FROM NELFT (FOR INFORMATION)

The Associate Medical Director of NELFT explained that the Open Dialogue method of mental health care saw service users with their network of family or friends rather than just individually. The technique had originated in Finland and had resulted in a 72% discharge rate from mental health services after two years and good outcomes had also been seen when the technique was introduced in the USA.

NELFT had organised the first training in the UK for Open Dialogue and it was aimed to launch a pilot of the treatment in late 2017. An academic board had been formed with University College London and Kings College and a bid had been submitted for £2.4 million of funding for a trial of Open Dialogue. It was hoped to announce in March if this funding had been received. Trial areas for the technique would be in Havering and Waltham Forest.

The Open Dialogue model could be used to deliver other types of care such as Cognitive Behavioural Therapy. The trial of the service would focus on adults in the 18-65 age range although it was possible Open Dialogue could be applied to mental health services for younger people in the future.

The technique was patient centred and no negative feedback had been received from service users. It was accepted that there was a link between Open Dialogue and physical healthcare and that this area needed to be explored more in the future. It was noted that there were also linkages between Open Dialogue and the training in systemic family therapy that the Council's social workers were currently undertaking.

18 UPDATE ON SEXUAL HEALTH SERVICES (FOR INFORMATION)

The Board was advised that Havering performed at an average or better level for most sexual health services although abortion rates were relatively high. HIV rates for Havering had also increased slightly.

The redesign of Havering's sexual health services was now live and the London e-Service would start in May 2017. This would allow residents to order self-sampling kits to their homes. Inner North East London boroughs were looking to procure a new site for their services in the Stratford area which was likely to be more accessible for some Havering residents.

The ICP approach could lead to a change in the family planning pathway at locality level and it was planned to procure new contracts for the BHR area for sexual health by October 2018.

. There were no figures available for abortion rates at borough level and this would need to be looked at on a wider level. All abortions were carried out, by law, on health grounds so it was not possible to produce information on more detailed reasons for abortions. Sexual health services were also provided anonymously so there was no data on for example what proportion of Looked After Children were accessing services.

It was confirmed that Havering's family planning spokes had closed last year following a consultation. Family planning services were however still available at Queen's Hospital or via GPs. The GUM service had moved from Queen's to Barking Hospital. The morning after pill and long acting reversible contraception was still commissioned from GPs. It was confirmed that all existing clients had been advised where new services would be provided from and the e-service would offer a further option, once this commenced.

Pharmacists were not able to prescribe the contraceptive pill in Havering and the Director of Public Health added that 80% of Havering women accessed contraception via their GP. The Havering CCG Chair added however that there were capacity issues re this as there may not be not enough GPs to provide contraceptive services. It was felt that this was an issue that the ICP could look at.

The Board noted the report.

19 UPDATE ON REFERRAL TO TREATMENT (VERBAL)

The Deputy Chief Operating Officer of BHRUT reminded the Board that the Trust had suspended reporting figures on referral to treatment waits in September 2014. Havering CCG had supported BHRUT in its recovery of the long waiting times for patients to receive treatment. BHRUT had also worked closely with the local CCGs on validation of data around this issue.

Nineteen new consultant posts had been funded, with most now filled, which would increase BHRUT's capacity to treat patients. In addition, some 17,500 patients had been diverted for treatment elsewhere as part of a wider demand management scheme. Reviews were also carried out on patients who had been waiting a long time for treatment.

Some 76.3% of BHRUT patients were now being treated within 18 weeks. This was below the target of 92% but ahead of the Trust's trajectory at this point. Referral to treatment was now subject to a robust governance framework with regular meetings between BHRUT and the local CCGs. It was felt that the Trust had made significant steps forward towards delivering a consistent standard for patients on this issue.

The Chair of Healthwatch Havering congratulated BHRUT on the progress it had made and valued the Trust's openness on this matter.

20 **LETTER FROM HOME OFFICE: POLICE, CRIME COMMISSIONERS AND HEALTH AND WELLBEING BOARDS (FOR INFORMATION)**

The Board noted the contents of a letter received from the Home Office concerning the benefits to be realised through closer collaboration between policing and health partners.

21 **LETTER FROM DAVID MOWAT MP: (GENERAL PRACTICE FORWARD VIEW: PRIMARY CARE: HEALTH AND WELLBEING (FOR INFORMATION)**

The Board noted the contents of a letter from the Department of Health concerning the General Practice Forward View and the relationship that primary care had with the delivery of local health and wellbeing strategies.

22 **FORWARD PLAN**

It was noted that dates for meetings of the Board in the next municipal year were hoped to be announced in March 2017 and efforts would be made to avoid clashes with other meetings, as far as these were known.

It was agreed that the item on the Transforming Care Partnership would be moved to the May 2017 meeting of the Board, It was also suggested that a discussion on financial recovery and budget issues should be held, in private session, at the May meeting.

The Board noted with concern that Havering was not getting any extra funding under the needs assessment, despite the population of Havering being expected to rise to 270,000 by 2026. The Leader of the Council felt it was essential that health provision was factored into population growth.

The Forward Plan for the Board is attached to the minutes for information.

23 DATE OF NEXT MEETING

The next meeting of the Board would be held on 15 March 2017 at 1 pm at Havering Town Hall.

Chairman

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NOTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 3A – Town Hall
16 November 2016 (1.00 – 3.10pm)

Board Members present:

Councillors Wendy Brice-Thompson (Chairman), Roger Ramsey and Robert Benham
Dr Susan Milner, Interim Director of Public Health, LBH (SM)
Tim Aldridge, Director of Children's Services, LBH (TA)
Anne-Marie Dean, Healthwatch Havering, LBH, (AMD)**Also present:**

Dr Russell Razzaque, Associate Medical Director, NELFT (RR)
Brian Boxall, Independent Chair for SAB and LSCB (BB)
Caroline May, Head of Business Management LBH (CA)
Rob Meaker, Director of Innovation, BHR CCGs (RM)
Simrath Bhandal, Project Manager BHR CCGs (SB)
Louise Mitchell, Chief Operating Officer CCG (LM)
Sarah Tedford, Chief Operating Officer BHRUT (ST)
Carol White, Integrated Care Director NELFT (CW)
Neil Stubbings, Interim Director of Housing Services, LBH (NS)
Elaine Greenway, Acting Public Health Consultant, LBH (EG)
Gloria Okewale, Public Health Support Officer, LBH (GO)
Richard Cursons, Democratic Services Officer, LBH (RC)

1 **WELCOME AND INTRODUCTIONS**

The Chairman announced details of the arrangements in case of fire or other event that might require evacuation of the building.

2 **APOLOGIES FOR ABSENCE**

Apologies were received from Andrew Blake-Herbert, Chief Executive, Barbara Nicholls, Director of Adult Services LBH, Connor Burke, Accountable Officer BHR CCGS, Alan Steward, Chief Operating Officer Havering CCG, Dr Atul Aggarwal, Chairman Havering CCG, Gurdev Saini, Havering CCG, Ceri Jacob NHS England, Jacqui Van Rossum, NELFT, Councillor Gillian Ford, Phillipa Brent-Isherwood, Head of Business & Performance.

It has been noted that board members should provide details of senior representatives if they are unable to attend the meeting.

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

4 **MINUTES**

As the meeting was inquorate the minutes could not be agreed or signed by the Chairman, however the points raised previously were noted.

5 **ACTION LOG**

It was noted that the draft refreshed Joint Health and Wellbeing Strategy was circulated to board members as agreed.

The SEND JSNA executive summary was revised and circulated to board members. This included information on exclusions from maintained schools as well as free schools and academies.

Finalised Joint Health and Wellbeing Strategy to be circulated to board members.

SM to identify the organiser of the Havering governing body to ensure future dates doesn't clash with the HWB meeting.

6 **REFRESH OF HAVERING'S JOINT HEALTH AND WELLBEING STRATEGY**

SM advised that the current Joint Health and Wellbeing Strategy (2015–2018) had been signed off by the Havering Health and wellbeing Board in April 2015. It had been reviewed and refreshed in line with recent developments within the local health and social care economy to ensure it remained fit for purpose. The Board agreed the reframed themes and priorities for the strategy in May 2016. These had been reflected in the refreshed strategy document presented to the Board for approval subject to discussion and any subsequent amendments.

The actions required to deliver the themes and priorities within the strategy were contained within a number of other key strategic documents and actions plans. To avoid duplication of effort it had identified, for each priority, the key document(s) which set out the agreed actions to deliver on that priority and who was responsible for ensuring those actions take place. In addition leads had been to identify the key performance indicators to include in the HWB performance dashboard for the strategy. This would provide the Board with

assurance that the actions required to deliver the Joint Health and Wellbeing Strategy were being carried out and were leading to the specified outcomes.

Members were invited to provide feedback by email so that the final document could be brought back to the next meeting.

Members agreed that it would be helpful if the areas that had changed could be highlighted.

BB advised that it would be useful if the Local Safeguarding Children Board (LSCB) could look over the document and email any suggested changes.

AMD asked if going forward the Health & Wellbeing function would remain Havering specific or become tri-borough. RR advised that at present it was planned to keep Health & Wellbeing functions borough specific.

7 HAVERING SAFEGUARDING CHILDREN BOARD AND HAVERING SAFEGUARDING ADULT BOARD 2015/16 ANNUAL REPORTS

The report provided the HWB with both the Havering Children and Adult Safeguarding Boards annual reports for 2015-2016.

BB gave a brief update on the highlights of both reports.

Members noted that since the reports had been written there had been a change in the process with a more face to face approach being introduced.

Ofsted had recently inspected the Board and the draft response was awaited.

The police re-structuring was imminent and more details would be known shortly.

The Children's report highlighted the work that had taken place and BB wished to acknowledge the support that was received from all members on the Board at all levels. The Board was of a very good level due to the amount of multi-agency workers working together.

The Multi Agency Sharing Hub (MASH) was now well developed and contact to referral level had increased evidencing improved agency engagement and decision making when determining the level of service required to respond to identified needs. This has also led to a significant increase in the number of contacts being referred to Early Help. There was now evidence of early intervention with children and young people and families requiring support being signposted to the appropriate service.

The Child Protection conferences had seen a problem with the lack of attendance by the police and the pressures it placed on other officers.

Staff stability was key as it impacted on various areas of the service.

Despite many attempts private fostering was still an area that needed improvement.

The Board had also started to work closely with young people from the Children in Care Council (CiCC), the youth parliament and young carers. This interaction was at its early stages but their input to date had been exciting and very insightful for the board and individual agencies.

Members also noted that there was now a high risk register in place.

In relation to the Adult's Board the past year was the first that the HSAB had been operating as statutory body following the introduction of the Care Act 2014. The HSAB has focused on ensuring that it was able to comply with the requirements of the Act.

Adult safeguarding activity had continued to increase over the year especially in respect of the number of contacts and referrals and conference activity. The major increase had been in respect of the application of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLs) assessments.

The safeguarding activity was being undertaken under continued financial constraints and the on-going restructuring of some organisations. This, and the demography of Havering which had the oldest population in London, will continue to pose significant challenges to the local agencies and the HSAB.

Awareness had been raised in the areas of self neglect, modern slavery and domestic violence.

One of the biggest areas of work was around the transition between children's and adults and how users were prepared for the move between the two.

Current risks were:

Mash - Financial constraints may impact on ways in which partners support MASH.

Capacity issue in relation to homecare- Choice for people with care needs depleted and liberty deprived unnecessarily. Impact on residential settings

Capacity issue in relation to DOLS - Volume of referrals was high.

Mental capacity - there was still a need to continuously brief staff in their responsibility to undertake MCA assessments.

RR advised that a first meeting had taken place between local authorities and the police to discuss Havering's involvement in a unified borough command with Barking & Dagenham and Redbridge. There had been a focus on child protection and domestic violence and although there would be the same amount of officers the plan was to de-centralise some of the specialist teams so the borough would have access to more specialist officers. RR also confirmed that the project was a pilot and was reversible if needed. It was also noted that Havering's current Borough Commander Jason Gwillim would oversee the tri-borough pilot.

8 SINGLE INSPECTION FRAMEWORK UPDATE

TA gave an update on the recent Ofsted inspection. It was noted that this had involved 12 inspectors over a 4 week period, where they had looked at over 200 cases and met with staff, external partners and parents to gain a complete overview of the service.

The overall rating was "requiring improvement" which was what the service had expected. An action plan was being produced to deal with the areas that needed improvements. It was felt by the inspectors that the vision for the future was good, but improvements needed to be made on the day to day work. Safeguarding was also considered a strength as was CSE/ Missing Service, Early Help and Female Genital Mutilation. Weaknesses included workforce and commissioning of children's services which had been seen as too reactive.

The draft report should be received later this week and then the Council would give its response before the final report is issued in December.

9 LOOKED AFTER CHILDREN - HEALTH CHECK UPDATE

TA advised that health of Looked after Children (LAC) had been a risk area that had previously been flagged to the HWB and LSCB and had been an area that Ofsted had looked at recently.

This had become a key priority area during the last six to nine months and there had been some improvement and whilst the report was being compiled colleagues from the CCG and NELFT had been linked with. Works would continue on improving progress. One of the areas of concern had been the initial health assessment which was now at 96% but still needed improvement.

There was a LAC/Heath sub group that would be reviewing progress of measures which took place every six weeks. Improvements had also taken place in the performance of review assessments
Plans were also in place to ensure that all children in care were offered dental and optical checks on an annual basis. The aim is for all children to have those checks or to be offered those checks by March 2017.

There had been an improvement in children in care whose immunisations were up to date.

A strengths and difficulties questionnaire, which was a CAMS tool, was given to service users each year to complete so users could give an indication of where their mental health and emotional wellbeing was. Improved score were being seen and Havering's average was now below the national average.

Plans were in place for developing an in-house team of systemic family therapists who would be providing direct support to the users or carers.

WBT asked about childhood obesity and was advised that that would be tackled by universal and targeted children's services including school nursing.

10 ADULT SOCIAL CARE LOCAL ACCOUNTS FOR 2015/16

Local accounts were not mandatory but it was good practise to publish each year by local authorities who had responsibility for adult social care services. These accounts were designed to provide residents and service users with information on their Council's adult social care performance, activity and objectives. The Havering Local Account summarised adult social care and support achievements in 2015-16 and ambitions for the future.

CM highlighted several areas within the report including:

In 2014/15, the Council had supported 7,500 service users with 5,500 over the age of 65. This included over 2,600 people over the age of 85. This had increased to more than 7,770 in 2015/16 – a 2.7% increase from last year – with almost 6,117 of them over the age of 65. This included 3,080 over the age of 85.

The Council faced significant financial challenges due to funding reductions and increasing demand for services. Demand was increasing in terms of numbers of people who needed care and support, and also in terms of complexity.

The Council was actively developing savings plans to address budget shortfalls, in line with overall Council budget plans and considering how it would continue to provide Adult Social Care services. This may mean that it had to provide services in different and innovative ways in order to address the funding reductions that were being seen. 2015/16 savings were £5.2m against a budget of £52m (representing 10% of the service budget).

The Care Act imposed a duty on local authorities to promote individual wellbeing when carrying out any of their care and support functions in respect of a person. This duty was sometimes referred to as the "wellbeing principle" because it was a guiding principle that puts wellbeing at the heart of care and support system.

Much work had taken place to ensure that Havering was compliant with those aspects of the Care Act which came into force on 1 April 2015. This was a large and complex undertaking that had been delivered through a programmed management approach.

The report also detailed the challenges that lay ahead which included:

Even more Havering residents would be dependent on care and support services provided by the Council and its partners, the biggest challenge remained meeting the needs of a growing number of service users - particularly those aged over 65 - with the resources and funding available.

Whilst the need for services was continually increasing and would continue to rise, the financial challenges and the need to be creative in delivering services become more difficult. Havering had a growing population with a profile that was ageing, with need that were more complex. With Havering facing more cuts in funding in the next four years, the challenges in continuing to provide quality services to our residents within available resource would continue to manifest.

11 REFERRAL TO TREATMENT DELAYS IN BHRUT UPDATE

The report before Members detailed the progress of the local Hospitals' Trust (BHRUT) and clinical commissioning groups (BHR CCGs) work together to tackle unacceptably long waits for treatment for some patients across the area.

ST and LM briefed jointly on the report which highlighted how the long waits had come about and what measures had been put into place to deal with the issues.

The report detailed how arrangements had been put into place to improve care, the clinical harm programme that had been undertaken, demand management and also showed the drop in the number of patients who had been waiting for more than 52 weeks for treatment.

The demand management had taken into account the ongoing treatment needs and those patients within the backlog and this had lead to commissioning of additional providers offering patients alternative means of treatment.

Members noted that systems were already in place so that the same situation did not arise again and there would be an external check of waiting lists annually which would help act as an early warning system.

BHRUT and Havering CCG had had to submit a system wide action recovery plan to enable them to return to reporting and achieve a standard of 18 week treatment time. The plan had been submitted to NHSE Board which would

make a decision in December as to whether legal directions would remain in place.

Going forward it was planned that by September 2017 all patients would be seen within 18 weeks.

12 HOUSING DEVELOPMENT

The report provided the Board with an update on the housing development proposals approved by Council and associated regeneration implications and aspirations.

NS advised that the report attached that went before Cabinet on 12 October contained the latest information regarding the Council's house building programme, funded through the Housing Revenue Account (HRA) to provide affordable housing for local residents.

The Council had an ambition to deliver at least 2000 units of affordable housing through the programme. 1000 of those would replace those already in situ, but 1000 would be new units adding to the stock of the HRA. In combination with the 535 units that had already been approved by the September Cabinet report, this meant that current target for delivery of units was 2500 total with 1500 being new units of affordable housing.

Previously there had been an over-provision of sheltered housing but this was now being overtaken by the need for extra care sheltered accommodation. The proposals previously put forward included estate regeneration, community hubs and not just house building in its simplest form.

AMD enquired as to when the community hubs would be in place. In reply it was hoped that the hubs would be started in the next year.

RR raised a concern regarding extra housing provision and additional healthcare provision going forward. It was felt that discussions should be taking place with the CCG regarding the possible inclusion of healthcare facilities within large developments.

NS advised that discussions were being had with the CCG over the One Public Estate Project where the CCG realised that there were key infrastructure issues that they needed to provide for Barking & Dagenham, Havering and Redbridge.

It was agreed that this should be taken forward to a future meeting.

13 BHR CCGs' LOCAL DIGITAL ROADMAP

The report updated the Board on the progress of the Local Digital Roadmap development.

RM advised that following the publication of the Five Year Forward View and Personalised Health and Care 2020, local health and care economies had a requirement to develop and publish their Local Digital Roadmap (LDR). The three-step process began in September 2015 with the organisation of local commissioners, providers and social care partners into LDR footprints. The second step was for NHS providers within LDR footprints to complete a Digital Maturity Self-assessment. Following initial submission of the LDR to NHSE in June 2016, the LDRs had undergone a review and were expected to be submitted for national publication by the end of October 2016**.**

Bids had been submitted for up to £40 million of funding although it was known that the final amounts awarded would be far lower than had been bid for.

In relation to GP clinical systems, meetings with the federations had taken place and an implementation date of April and June 2017 was hoped for. The estimated costs for the implementation of the system in Havering would be approximately £300,000. It was hoped that all GPs would sign up to one system making the implementation easier.

14 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (INFORMATION ONLY, NOT FOR DISCUSSION)

The Board noted the comments of the report.

15 FORWARD PLAN

Copies of the forward plan were distributed, it was noted that items had been raised at this particular plan needed to be added to the plan. Members were reminded that if they wished for items to be added to the plan then they should email SM and GO.

16 DATE OF NEXT MEETING

The next meeting of the Board would be on Wednesday 18 January 2017 at 1.00 pm at Havering Town Hall.

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Havering Health and Wellbeing Board - Forward Plan 2016/17

All meetings will start at 1pm (until 3pm) Rooms to be confirmed for each meeting.

HWB Meeting 15 March 2017. Deadline for papers **3 Mar 2017** To be held in room CR3B	
Transforming Care Partnership: Six Month Update	Barbara Nicholls
Obesity Strategy update	Mark Ansell
Health Protection Forum Report	Sue Milner
Report from End of Life Steering Group (tbc)	TBC
Presentation of Recent Area Inspection of SEND Joint Self-Evaluation (TBC)	Tim Aldridge
Drugs and Alcohol Strategy update	Sue Milner
Dementia Strategy- for sign off	CCG/ Public Health
Update on Referral to Treatment Delays	Sarah Tedford / Louise Mitchell
Combined Update on ACO/STP (Verbal)	Conor Burke/Alan Steward/Andrew Blake Herbert
Local Plan Development	Neil Stubbings
Forward Plan	

Havering Health and Wellbeing Board - Forward Plan 2016/17

HWB Meeting 10 May 2017. Deadline for papers **28 April 2017** To be held in room tbc	
Update on Referral to treatment delays	Sarah Tedford / Louise Mitchell
Combined update on ACO/STP	Conor Burke/Alan Steward/Andrew Blake Herbert
Forward Plan	

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Previous Board meetings and topics covered

HWB Meeting 20 July 2016. Deadline for papers **8 July 2016.** To be held in CR3B	
Strategic Outline Case for the ACO	Conor Burke /Andrew Blake Herbert
Delivering the NHS five year forward view: development of the North East London Sustainability and Transformation Plan (NEL STP)	Conor Burke
JSNA Programme Report	Sue Milner
Demand Management Strategy Case Study - Social Isolation	John Green
Launch of face to face intervention (working with children in social care)	Tim Aldridge
Forward Plan	Sue Milner
HWB Meeting 23 March 2016 – Room CR3b Deadline for paperwork **11 March 2016**	
Revised terms of reference for the HWB	Wendy Brice-Thompson
Confirmation of HWB priorities for 16/17 to inform refreshed JHWS	Wendy Brice-Thompson
Combined verbal update on ACO/UCC/STP	Cheryl Coppell/Conor Burke/ Alan Steward

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Market Position Statement – Commissioning in Adults Services	John Green
Transforming Care Partnership	John Green
BCF Plan for discussion	Caroline May
Havering Sexual Health Services Reconfiguration	Sue Milner
Drug and Alcohol Harm Reduction Strategy	Sue Milner
Obesity Strategy	Sue Milner
Forward Plan	Sue Milner
HWB Meeting 11 May 2016. Deadline for papers **29 April 2016** To be held in room CR3a	
Combined verbal update on ACO/UCC/STP	Conor Burke/Cheryl Coppell/Alan Steward
ToR for sign off	Wendy Brice Thompson
Outline draft of JHWS for discussion	Sue Milner
ASC Local Account	Barbara Nicholls
Place of Safety item	Barbara Nicholls
Clinical governance assurance report	Sue Milner
Primary Health Care Strategy consultation	Sarah See, BHRUT CCGs

Havering Health and Wellbeing Board - Forward Plan 2016/17

Forward Plan	Sue Milner
HWB Meeting 20 July 2016. Deadline for papers **8 July 2016.** To be held in CR3B	
Strategic Outline Case for the ACO	Conor Burke /Andrew Blake Herbert
Delivering the NHS five year forward view: development of the North East London Sustainability and Transformation Plan (NEL STP)	Conor Burke
JSNA Programme Report	Sue Milner
Demand Management Strategy Case Study - . Social Isolation	John Green
Launch of face to face intervention (working with children in social care)	Tim Aldridge
Forward Plan	Sue Milner
HWB Meeting 21 September 2016. Deadline for papers **9 Sept 2016** To be held in CR3B	
Combined update on ACO/STP	Conor Burke/Alan Steward/Andrew Blake Herbert
SEND Inspection and Needs Assessment	Mary Phillips/Mark Ansell
Transforming Care Partnership – for sign off	Barbara Nicholls
CCG Assurance Framework and rating	Conor Burke/Alan Steward

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HWB Meeting 16 November 2016. Deadline for papers **4 Nov 2016** To be held in CR3B	
LCSB/ASB reports	Brian Boxall
Draft Joint Health and Wellbeing Strategy	Sue Milner
DPH Annual Report (info only item)	
ASC Local Account for 2016	Caroline May/ Tina Nandra
Combined update on ACO/STP (Verbal)	Conor Burke/Alan Steward/Andrew Blake Herbert
Looked After Children update- Health check	Tim Aldridge, Alan Steward, Carol white
Housing Development	Neil Stubbings
BHR CCG's Local Digital Roadmap	Rob Meaker/ Simrath Bhandal
Single inspection framework update	Tim Aldridge
Update on Referral to treatment delays	Sarah Tedford / Louise Mitchell
Forward Plan	

Havering Health and Wellbeing Board - Forward Plan 2016/17

HWB Meeting 18 January 2017. Deadline for papers **6 Jan 2017** To be held in CR3B	
Agenda from HWB meeting (16 November 2016)	
Open Dialogue – presentation from NELFT	Carol White
Community Pharmacy	Oge Chesa
Update on Sexual Health Services	Mark Ansell
Refreshed Health and Wellbeing Board Strategy for approval	Susan Milner
Update on Integrated Care Partnership (previously ACO), locality boundaries and STP	Alan Steward / Barbara Nicholls /Ade Abitoye
Letter from Home Office: police, crime commissioners and health and wellbeing boards (information only item)	
Letter from David Mowat MP: General Practice Forward View: Primary Care: Health and Wellbeing Boards (information only item)	
Update on Referral to treatment delays	Piers Young
Forward Plan	

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