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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Town Hall

13 March 2019 (1.00 - 3.30 pm)

Present:

Elected Members: Councillor Jason Frost (Chairman)

Officers of the Council: Tim Aldridge, Director of Children's Services; Mark Ansell, Director of Public Health; and Barbara Nicholls, Director of Adult Services

Havering Clinical Commissioning Group: Dr Gurdev Saini, Board Member, Havering Clinical Commissioning Group, Steve Rubery, Barking, Havering & Redbridge Clinical Commissioning Group

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Richard Pennington, Barking, Havering and Redbridge University Trust

Also Present: Claire Alp, Senior Public Health Specialist; Elaine Greenway, Public Health Consultant; Gerry Flanagan, Commissioning Programme Manager; Sharon Morrow, Barking, Havering & Redbridge Clinical Commissioning Group; and Doug Tanner, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

One member of the public was also present.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

1 CHAIRMAN'S ANNOUNCEMENTS

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

2 FORWARD PLAN

It was noted that there is no annual forward plan and that this would be drafted once the Joint Health and Wellbeing Strategy has been agreed. As an interim measure, it was agreed that the next meeting would focus on the theme of the health and wellbeing of older people.

3 APOLOGIES FOR ABSENCE

Apologies were received for the absence of Councillors Damian White, Robert Benham and Gillian Ford. Apologies were also received from Andrew Blake-Herbert, London Borough of Havering, Ceri Jacob, BHR

CCGS, Jacqui Van Rossum, NELFT and Chris Bown, BHRUT (Richard Pennington substituting).

4 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

5 MINUTES, ACTION LOG AND INDICATOR SET

The following items were noted in respect of the action log:

4 – Update on referral to treatment – The target from NHS England was for BHRUT to have fewer people awaiting treatment on 31 March 2020 than had been the case two years previously. An update on progress on this target could be brought to the May meeting of the Board. It was accepted that recruitment difficulties for consultants and nurses could impact on meeting this target.

BHRUT was currently modelling what additional capacity was needed to meet these targets and there were plans to extend the triage system to other specialities. More details regarding the triage system could be given at the next meeting of the Board. BHRUT was putting the expected population growth into commissioning plans and discussions had taken place re the cost of delivery and capacity to deliver.

7 – SEND Action Plan Update was distributed (appended to the minutes).

8 – Health analytics - It was confirmed that every GP practice was required to sign a data sharing agreement. It would be clarified whether data from the 21 Havering practices who had signed could now be accessed.

The minutes of the meeting of the Board held on 16 January 2019 were agreed as a correct record and signed by the Chairman.

6 CHILDREN AND ADOLESCENT MENTAL HEALTH

It was noted that the CAMHS local transformation programme was currently entering the fourth year of a five year agenda. A hub model using iTHRIVE principles has been developed for the main providers in order to seek to deliver earlier interventions. The service's future direction was reinforced by the new NHS Long Term Plan with its emphasis on investment in areas such as prevention, early intervention in psychosis and eating disorder services. Funding for CAMHS is received on a borough-wide basis but some funding is top sliced in order to fund BHR-wide work e.g. a single point of access.

A steering group has been established to look at local need and come up with local solutions. In the past year, the transformation programme has funded work across a range of settings and services including the Early Help Service to increase perinatal mental health support, CAD team to

deliver Five to Thrive and ELSA training, Youth Services to deliver the Go Girls programme, Havering Mind and AddUp charities to deliver parent support sessions and Children's Services to develop the Adolescent Safeguarding Hub.

These programmes link to wider work which has included the funding of mental health first aid courses and suicide prevention training for school staff. School counselling was purchased by schools directly although officers were working with schools in order to map which Havering schools offered counselling and develop practical checklists for use by schools when appointing counselling services. It was suggested that the Council could coordinate joint purchasing of counselling services via its traded services. Officers would clarify which counselling services were currently available via traded services.

Healthwatch powers did not cover children's issues but Healthwatch did wish to support this work. A Healthwatch report on mental health issues from another area could be shared with the Board for information.

The availability of IAPT services for children and young people was currently an issue at STP level and funding for services after year 5 of the transformation agenda was yet to be decided. The Council had also invested in mental health work within children's services and wished to see children and families supported more in their own environment, rather than in clinics etc.

7 AUTISM STRATEGY

It was emphasised that there was now a wish to prioritise children's autism needs, in addition to those of adults. A new Government strategy for autism was due at the end of 2019 and some work had been undertaken locally to get a better sense of what people with autism and their families were saying. Some services were highly regarded including post-diagnosis support for adults with learning disabilities and hospital staff being aware of patients with autism.

A draft strategy was being completed this week that would need sign up from all partners at a senior level. There were around 500 Havering residents with a primary autism diagnosis with a further 70 having a secondary diagnosis. Key issues for families included housing and unemployment and it was felt there should be an improved pathway between children's and adults services. There was also a need to better signpost where help and support was available. An additional priority was to provide support to ensure people with autism could safely use public transport.

The Healthwatch representative felt it was important that children with autism received annual healthchecks and agreed that the CCG had improved greatly in this area. Work was also in progress with BHRUT to bring the skills of Trust staff with assisting people with autism etc out into the community.

The strategy covered large groups of people with varying needs and also looked at needs for supported housing. The families of people with autism wished to be more involved but it was felt more input was required from the Council and its partners. It was felt that the Council's leisure provider and libraries could support work on dementia awareness and the action plan would include details of proposed work on raising autism awareness.

The Board discussed whether the Autism Partnership Board was the best place to take the strategy forward and it was agreed that Healthwatch Havering could be engaged to support consultation on the autism strategy.

8 BHR MENTAL HEALTH TRANSFORMATION PROGRAMME

The Board was advised that it was wished that local work on mental health transformation fitted with the national programmes for this area. The recently published NHS Long Term plan focussed on mental health and there was a need to explore the primary care model for people with moderate to severe mental health issues. The Long Term Plan aimed to provide better community support for mental health and the CCG was currently investing in perinatal mental health. Improving access to IAPT services was also a priority whilst work was also in progress on improving the access of rough sleepers to mental health support, support for people with gambling problems and for suicide reduction.

National must do actions for the CCG included meeting IAPT treatment targets although the increased recruitment this required could be difficult to achieve. Havering was not meeting its target for formal diagnosis of dementia and the estimate of numbers of people in Havering with dementia may not be accurate. It was noted that GPs were not allowed to diagnose dementia, this had to be done by a consultant.

The CCGs were working on ensuring that all patients with acute mental health issues received a full physical healthcheck. Out of area placements had increased recently and more people from outside Havering were also receiving treatment at local facilities. The CCGs had put investment into CAMHS and further investment was planned for 2019/20. A stakeholder workshop had been held on 28 February.

It was felt that a BHR-wide needs assessment exercise could assist with future planning for mental health and that a more coordinated approach to suicide prevention was also required. The Local Area Coordination model used in Thurrock had picked up a lot of issues that could lead to mental health problems such as debt, employment problems and housing issues. This gave a different way of working with communities and it was important that the aims of the mental health transformation programme fitted in with localities. Officers were also keen to work across BHR on substance misuse and mental health, as well as on homelessness issues.

9 SUICIDE PREVENTION

Training on suicide prevention and mental health first aid had been delivered by the Council's Safeguarding and Workplace Wellbeing teams. The three-borough strategy on suicide prevention had been in place for one year and a lot of activity had taken place during this period at local, pan-London and national levels. Commissioning intentions for suicide prevention across BHR had been collated and published and work on discharge from in-patient settings was being led by NELFT. It was important for people with long-term conditions to have access to talking therapies. In addition, a 'Good Thinking' site had been commissioned across London with the aim of providing tools and resources to help tackle problems such as stress.

A Thrive London programme had been established with improving the mental health and wellbeing of all Londoners. The Samaritans had also produced resources for use in schools.

Priority work included the arranging of an annual BHR summit and workshop on lessons learned from suicide. Public health officers also met with the coroner twice a year to discuss suicide inquests. Inquests into the suicides of Havering residents who died elsewhere would be undertaken by the coroner for that area although information could be gleaned from death registrations.

Work in progress this year covered areas such as training on suicide prevention, crisis response & places of safety and the provision of support to individuals in crisis. A review of the care of patients that self-harmed could be carried out at the BHR level of via the STP steering group. It was noted that self-harm was a very high risk factor for suicide and it was felt that the impact of self-harming on A & E services should also be considered. The role of school counsellors was also important in preventing young people self-harming.

10 FUTURE MEETING DATES

The next meeting was scheduled for 1 pm, 8 May 2019 at Havering Town Hall.

Chairman

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Havering SEND Summary Action Plan at 11/03/19						
Theme one: Joint Commissioning between LA and Health (joint strategic priority)						
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
1.	Therapies (sensory, occupational, speech and language)	Current waiting times and range / diversity of offer. Earlier intervention preferred. Inconsistency of speech and language services in schools and settings across the borough.	Key stakeholders consulted on a review. Map therapies currently provided. Identify issues that exist in the system and determine what improvements need to be made. Develop options appraisal to submit to the CCG/LA and ensure value for money is achieved.	Waiting times reduced. Earlier opportunity for therapies (esp sensory). Children have needs identified at the earliest opportunity and services are consistently at a good standard across the local area. Increased parent / carer satisfaction and increased value for money.	CCG / LA Commissioners	October 2019
2.	Delays in reports from Acorn Centre	Ofsted finding – reports sometimes delayed.	Review of current process to work towards sending reports within 2 -4 weeks.	Waiting times for access to services will reduce.	CCG/NELFT	Sept 2019
3.	Commissioned Services / short breaks	More integrated approach required (including better engagement with partners, parents) to commission services. Lack of diversity and quality of the short breaks offer.	Develop an outcome-focused joint commissioning model and framework, across the partnership, focused on young people with complex and multiple needs. Develop personalisation, including availability of personal assistants to be funded by personal budgets. Develop local respite provision, with a focus gaps in services for children aged 0-5. Increase the capacity of the market of care and short break providers to meet the needs of children aged 0-18 with complex health and care needs within their local community and school. Develop overnight short breaks local provision by building a facility in Havering.	Placements report positive outcomes. Provision of services on EHC plans is met. Parents and carers more engaged with options available, with more choice and control. Children and families will receive a joined up and consistent approach to the provision of service.	Children's Commissioning Programme manager, (LA).	Oct 2019

	Theme Two: LA Public Health Priorities					
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
4.	Health arrangements for vulnerable children	Not all children receiving the two-and-a-half-year health check. Ante-natal support for vulnerable families.	Increase capacity of the health visiting service to meet demand. Explore carrying out checks in different settings. Extend Health visiting offer to include universal offer of ante-natal visit and 6-8 week check.	All children offered a check at two and a half years. Vulnerable children (and families) receive support, earlier intervention.	Public Health (LA)	Dec 2019
5.	School nursing for out of education	Children who are home schooled or those not currently in education are not offered a universal school nursing service.	LA and CCG to embed a process to identify children not in education. Existing school nursing contract with NELFT includes support to home educated children. To be recommissioned by March 2020.	Ensures all children receive services, not only those in education.	Public Health (LA) and CCG	March 2020
	Theme Three: LA EHC Planning Priorities					
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
6.	Pre-EHC support	Need to ensure that all children with SEND have their needs identified and met, even if they do not require an EHCP.	Ongoing training for education settings supported by special interventions from CAD support teams	Local area has an accurate picture of needs of children and young people in the borough.	LA Head of CAD and Support team managers	Ongoing
7.	EHC planning and assessment	Parents, carers and children report not fully involved in EHCP planning.	Improve consistency of health and social care inputs to EHCPs. Configure and implement the EHC Hub app, in partnership with parents, young people, education, social care, and health.	EHCPs provide a full and accurate picture of children's and young people's needs and provision recognised as transparent and co-produced. Children and families receive a timely, coherent and joined up approach to their EHC Plan.	LA Head of CAD and Assessment and Placement Team Manager	Oct 2019

8.	LA decision-making process are slow (via EHC Panels)	Contributions of some elements of the process are late or missing, leading to delays and lack of transparency.	Panel processes were reviewed and updated in Sept 2018 and will be reviewed annually. Greater involvement of health, LA Early Help and Social Care required. EHC hub software leads to greater transparency. LA to bring all systems used for SEN children together to ensure a "one system" approach.	Parents and families benefit from a more joined up (matrix) approach. Children and families receive a proportionate service and cases are not escalated unnecessarily.	LA Head of CAD and Assessment and Placement Team manager	Annually
Theme four: High Needs, Alternative Provision, Special Schools and Adulthood Priorities						
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
9.	Transition to adulthood	Look at our offer of pathways to adulthood for young people so that they can move towards a productive and enjoyable adult life.	Already commissioned Corbets Tey at The Avelon to deliver post-16 provision and Routes4Life for post 19 delivering courses for 19-25 year olds focused on year-long preparation for adulthood pathways.	Better prepare young people to ensure they can meet aspirations and have smooth transition into adulthood.	LA Head of CAD	Review October 2019
10.	Increase high needs capacity and provision.	Ensure range of provision is in place to meet local need.	To develop more ARPs in Havering. Target is to have at least 2 more primary and 2 more secondary ARPs specialising in ASD and SEMH. New Special School for 60 children and young people with severe/ complex SEMH/ ASD Re-designating special schools, as appropriate; reducing the number of pupils with moderate learning difficulties who attend special schools and enabling special schools to support the growing numbers of children with more complex needs.	Enable children and young people to remain in mainstream education, reduce demand on special school provision. Ensure special schools are targeted at children with greatest need.	Director of Education. Head of CAD.	Review October 2019
11.	Employment	Need more opportunities for SEND young people into employment as adults.	Strategy to support young adults with SEND into employment. Establish an employment forum to bring together employment support. Developing job coaches and supported internships	More support, better access to employment opportunities and better outcomes.	Director of Education.	Review October 2019

			with local schools and colleges.			
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	Theme five: Engagement with parents, carers, children and young people					
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
12.	Parent / Carer engagement	Engagement with parents and carers is limited, not utilising digital channels. Local Offer website is limited.	Co-produce key documents and policies (e.g. home to school transport, short breaks, personal budgets). Provide more regular information and engage more frequently with children/ young people and their families. Co-produce a revised Local Offer ensuring information, advice and guidance is accurate, up-to-date and reflects the needs of the local area.	Parental satisfaction increases, services are improved as a result of insight and contribution.	LA CAD Manager	Review Oct 2019
	Theme six: SEN in Schools and workforce development					
	Area for Development	Key Issues	Actions	Benefits	Owner	Deadline
13.	Quality of SEND provision across the secondary school sector	Ofsted observation of less than Good secondary provision in the area and that SEND provision is potentially less than Good.	Develop the range and number of Additionally Resources Provisions. Through the Havering Learning Partnership Secondary Improvement Plan, include specific interventions to improve SEND provision across all secondary schools. Develop specific SEND improvement activity within HSIS Service to support HLP plan.	Children and young people with SEND receive quality and consistent support across schools and providers.	Director of Education, via HLP.	Review Oct 2019
14.	Training for staff (schools and other settings)	Staff working with children and young people with high needs require additional training.	Improve training for staff working with children and young people with high needs. Improve the confidence of staff around working with children with high needs.	Children and young people with SEND receive quality and consistent support across schools and providers.	Director of Education, via HLP.	Review Oct 2019
15.	Supporting schools and other settings	Adaptations to the school environment which would make schools more inclusive.	Providing funding for calm down/ sensory rooms or something similar which would improve how they support and manage pupils with additional needs.	Wider range of inclusive support.	Director of Education.	Review Oct 2019

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