

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
8 May 2019 (1.00 - 3.15 pm)**

Present:

Elected Members: Councillors Jason Frost (Chairman), Robert Benham and Gillian Ford.

Officers of the Council: Barbara Nicholls, Director of Adult Services.

Havering Clinical Commissioning Group: Steve Rubery, Barking, Havering & Redbridge Clinical Commissioning Group.

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering.

Also Present: Jenny Gray, Dementia Commissioner and Project Manager, Joint Commissioning Unit; Elaine Greenway, Public Health Consultant; Gerry Flanagan, Commissioning Programme Manager; Sharon Morrow, Barking, Havering & Redbridge Clinical Commissioning Group; Ali Omar, Head of Innovation and Improvements Children Services; Richard Pennington, Barking, Havering & Redbridge University Trust; Maurice Sanomi, Clinical Director, Clinical Commissioning Group; and Doug Tanner, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group.

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

11 APOLOGIES FOR ABSENCE

Apologies were received for the absence of Councillor Damian White, London Borough of Havering; Andrew Blake-Herbert, Chief Executive London Borough of Havering; Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (Maurice Sanomi substituting); Ceri Jacob, Barking, Havering and Redbridge Clinical Commissioning Group; Jacqui Van Rossum, North East London Foundation Trust (NELFT); Chris Bown, Barking, Havering and Redbridge University Trust (Richard Pennington substituting); Mark Ansell, Director of Public Health, London Borough of Havering (Elaine Greenway substituting) and Tim Aldridge, Director of Children's Services, London Borough of Havering (Ali Omar substituting).

12 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

13 MINUTES

The minutes of the meeting of the Board held on 13 March 2019 were agreed as a correct record and signed by the Chairman. The Chairman requested that the following actions from the previous meeting be included in the action log:

- Minute No. 5 (8), Minutes, Action Log and Indicator Set (Health Analytics) refers: That clarification be provided on whether data from the 21 Havering practices who had signed a data sharing agreement could now be assessed.
- Minute No. 6, Children and Adolescent Mental Health refers: That clarification be provided on which counselling services were currently available via traded services.

14 DRAFT JOINT HEALTH AND WELLBEING STRATEGY

The Board received a paper outlining the process followed to date to develop a new Havering Joint Health and Wellbeing Strategy.

A draft of the strategy reflecting the discussions of members during the two development sessions was prepared and shared with the Board for comment. Based on comments received, the draft strategy was viewed as being fundamentally sound. A further draft of the strategy was prepared to reflect further comments received and which provided further information about the priorities of the Integrated Care Partnership Board (ICPB) thereby making clear that mental health was a priority and that the Health and Wellbeing Board would lead in developing an effective, comprehensive multi-agency response to all health and housing related issues.

Members suggested some further changes to be made, including:

- Acknowledging formation of primary care networks.
- Referencing the transformation programme being taken forward.
- Describing what are anchor organisations.
- Highlighted the need for mental health to be referenced in respect of communities and places we live in.

During discussion, Members requested that the final document be circulated to the Board prior to consultation. It was suggested that by the Healthwatch representative that the document developed be an easy read version to meet the understanding of the target audience and requested to have sight of the final draft document prior to consultation.

RESOLVED: That

- i) Members were content for the consultation to proceed.**
- ii) Authority be delegated to the Chair to approve an updated version of the draft strategy reflecting any amendments suggested, and to be used in the proposed consultation.**

15 JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION

The Board received a paper which set out the proposal for consultation on the draft Joint Health and Wellbeing Strategy.

During discussion, Members requested that the Local Authority's communication team be invited to consider and comment on the consultation questions.

Members suggested simplifying Q2 (to three options: yes, no, don't know) and reordering the sequence of questions (moving Q7 to below Q3)

RESOLVED: That

- i) The consultation period to last for a period of one calendar month, commencing end of May 2019.**
- ii) The consultation to be hosted on the Council's consultation hub <https://consultation.havering.gov.uk/> - where a dedicated section would be established for Health and Wellbeing Board that would deal with this and any future HWB consultation business.**
- iii) The consultation to include presenting the draft strategy to the Integrated Care Partnership Board, to ensure that all parties across the BHR geography were sighted on Havering plans, and the implications for the Integrated Care System.**
- iv) All Health and Wellbeing Board member agencies to use their communication channels to promote the consultation to their staff (who live, work or study in Havering), local residents, and organisations that have a stake in the borough, including statutory agencies such as Fire Service and Police, voluntary and community sector, and GPs/health services representation (in advance of the emerging network arrangements).**
- v) Whilst preferable for responses to be made electronically (through the consultation webpage), hard copies of the consultation documents to be made available where electronic completion is not feasible. Hard copies should be returned to the Public Health Service.**

- vi) **All comments and feedback will be collated by the Havering Public Health Service and a report produced that summarises the feedback. A final draft of the strategy incorporating changes made as a result of consultation will be presented to the Health and Wellbeing Board for approval on 25 September 2019.**

16 BHR OLDER PEOPLE AND FRAILITY TRANSFORMATION PROGRAMME

The Board received a presentation on the Older People and Frailty Transformation Programme. It was noted that the programme was established in June 2018 and aimed to co-ordinate transformational change across older people's services. The programme aimed to improve quality and patient outcomes and to ensure services were as efficient as possible and integrated around the patient.

The Board noted that Older People's health and social care had been identified as an area where cost savings could be made which would contribute towards the BHR recovery plan. The plan specifically emphasised that cost savings could be made by a reduction in non-elective admissions and increasing the number of patients who die in their preferred place of death.

The Board noted the key objectives of the programme were:

- To help older people to live healthier lives.
- For all older people to have a good experience of their care, living well for longer and supported to remain independent for longer.
- To embed integrated care interventions that minimise frailty and where possible avoid unnecessary long-term increases in care and/or health need.
- To acknowledge a person's wishes, and support their end-of-life needs in their preferred place of care.

It was noted that a programme board was in place with clinical, professional and officer representation from Barking, Havering and Redbridge partner organisations. Some external support had been secured to support mobilisation of the programme and to establish the programme infrastructure to support delivery.

The Board was also informed that a strategic group of clinicians and professionals had put forward a new model of care, informed by wider patient and stakeholder engagement. A number of work streams had been established to take forward initiatives that would support the delivery of the new model of care and deliver improved quality and financial outcomes. Business cases for investment were being developed and the next stage of work would be to focus on a whole system delivery of the new model of care.

During discussion, the Healthwatch representative sought clarification on the commencement of the programme and suggested a phased approach. The Board agreed that there needed to be a sense of urgency in network development for the delivery of the programme. It was noted that network formation was scheduled for 1 July 2019.

The Board agreed to receive an update from the Chair of the Clinical Commissioning Group at the next meeting.

17 PROGRESS AND UPDATE ON THE HAVERING DEMENTIA STRATEGY

Further to a request, the Board received a report that provided an update on initiatives relating to dementia in Havering. The Dementia Strategy 2019-2021 was circulated to members at the meeting (appended to the minutes).

The presentation outlined the work of the Havering Dementia Action Alliance, the plans for Dementia Awareness Week 2019 in Havering, the initiatives proposed by both North East London Commissioning Support Unit in relation to the newly commissioned Havering Dementia Advisory Service, the plans for the introduction of Admiral Nurses and Community Dementia Nurses, and an update on projects within Barking, Havering and Redbridge University Trust and their new Dementia Strategy.

The Board noted the following initiatives that had been implemented in Havering:

- Dementia Champions established in Social Work Teams, Telecare, some Care Homes, the Joint Assessment and Discharge Team at Barking, Havering and Redbridge University Trust, Social Work Teams and Sheltered Housing.
- Dementia Friendly Environment checklist and recommendations completed on the entire Havering sheltered housing stock.
- Working with contractors on the re-design of the Solar, Serena and Sunrise Courts redevelopment in order to try and “future-proof” new sheltered housing schemes.
- Invited to highlight quality initiatives and service re-design within the Joint Commissioning Unit at The Kings Fund and a Government Events Conference.
- Working with Barking, Havering and Redbridge End of Life Group to raise profile of dementia in improved End of Life experience for people living with dementia.
- Supporting the Havering Dementia Carers Support Group to develop their organisation.
- Meeting every newly-diagnosed person with dementia and their carers at the Memory Clinic to acquaint them with all the dementia-friendly activities available in Havering.

During discussion, Members requested for dementia services to be made available across the borough. It was suggested that the date and location

of the next Dementia conference be advertised widely including on Time FM radio.

The Board was informed that North East London Commissioning Support Unit was working with Barking, Havering and Redbridge Clinical Commissioning Group to enable them to recommission Dementia Advisory Service across the borough.

The Board commended the delivery of the Dementia Strategy and acknowledged the value of the multiagency approach being taken to support people living with dementia and their carers in Havering and across the Barking, Havering and Redbridge footprint.

18 UPDATE ON REFERRAL TO TREATMENT

At the Health and Wellbeing Board meeting on 13 March 2019, the Board requested a progress report on referral to treatment performance.

The presentation provided a summary of Referral to Treatment performance for 2018/19 and the primary reasons for lower than planned performance and the Referral to Treatment plan for 2019/20.

The Board noted the following Referral to Treatment performance for 2018/19. In October 2018, the agreement with commissioners was to deliver 88% referral by March 2019. The summary outlined that whilst an improvement trajectory was achieved in November, performance had deteriorated from that point.

The primary reasons for lower than planned performance included:

- A greater than expected pressure over winter, affecting access to beds and a need to prioritise clinically urgent cases, which caused short notice cancellations.
- Capacity for diagnostics on patients' pathways.
- Delays in commencing outsourcing for a number of specialties.
- Identification of Data Quality issues that were in the process of being investigated to ensure data was as robust as possible.

The Board was informed that the planning guidance from NHS England and NHS Improvement required the Barking, Havering and Redbridge University Hospitals NHS Trust (the "Trust"), to reduce its overall waiting list or 'Patient Tracking List' (PTL).

The Trust plan for 2019/20 was to reduce the number of patients on the waiting list by end of March 2020 to a level below that recorded in March 2018. The Board was informed that achieving the reduction would also mean that 88% of the Trust patients were waiting less than 18 weeks at the end of March 2020.

The Board noted that the plan for 2019/20 included:

1. Initiatives that would be led by the Trust and supported by commissioners to:
 - Increase the number of clinics, diagnostics tests and theatre sessions available for patients. It was stated that this would require combined investment in staff and also the use of the independent sector where the Trust was unable to recruit suitable staff or have space constraints.
 - Making better use of outpatient clinic time, through improved ways of working such as virtual clinics and enhanced triage of referrals.
 - Focusing on specialties which have patients waiting more than 38 weeks for treatment.
2. Schemes that were being undertaken jointly with the Trust commissioners that would provide alternative ways in which patients can access diagnosis and treatment. These schemes support the NEL programme to reduce outpatient demand by moving care “out of hospital” and closer to home, including:
 - Extending the Trust ‘Improving Referrals Together’ initiative with GPs and hospital consultants working together to improve patient pathways.
 - Increasing the number of specialties for which patients can be seen in a community setting. This would entail a greater number of routine patients being referred through to ‘Single Points of Access’.
 - Increasing the use of ‘Advice and Guidance’ for GPs to reduce unnecessary referrals to the Trust and improving the speed of diagnosis.
 - Working on diagnostics to procure community diagnostics capacity and also reduce the amount of duplicate testing.

19 DATE OF NEXT MEETING

The next meeting was scheduled for 1.00 pm, 24 July 2019 at Havering Town Hall.

Chairman