MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Commitee Room 1 - Town Hall

11 December 2013 (1.30 pm – 3.45 pm)

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Dr Mary E Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Anne-Marie Dean, Chair, Health Watch
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

Suman Barhaya, NHS England
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Apologies

Cheryl Coppell, Chief Executive, LBH
John Atherton, NHS England
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH

71 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.

72 APOLOGIES FOR ABSENCE

Apologies were received and noted.

73 DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

74 MINUTES

The Board considered and agreed the minutes of the meeting held on 13 November 2013 which were signed by the Chairman.

75 MATTERS ARISING

Following the NELFT presentation at the previous meeting, the Chairman announced that the organisation would be invited to provide another update to the Board at a future meeting.

The Chairman and the Chief Officer of Havering Clinical Commissioning Group (CCG) had recently met with Specialised Cancer Services. The outcome of the discussions had been outlined in a letter from the CCG Chairman to Specialised Cancer Services and that the letter would be circulated to Board members.

76 INTEGRATED CARE COALITION REPORT

The Board received a verbal update from the Group Director of Social Care. Members were advised that the planning and hard work had resulted in bringing benefits to the Borough and the Clinical Commissioning Group in working to remove pressure from Acute Services. Discussions were on-going between Integrated Care Management and the Medical Discharge Teams on patient care plans following release from hospital.

In response to a query as to whether there were sufficient resources, the Board were advised that it was not a question of resources but that professionals were working in a different way. The Community Treatment Team were assisting to keep people out of hospital and helping patients on release from hospital with GP support and Telehealth. The team had the capacity to make 160 contacts per month spending up to 2 hours with patients. Approximately 92% of people contacting the Telehealth service are treated in the community rather than hospital. The Discharge Team were working a seven day rota and, from a patient perspective, all was going well. It was noted that Redbridge had recently decided to engage with Barking & Dagenham and Havering in the JAD project from January 2014. The scheme was due to commence in May/June 2014, however, there were still issues around lack of support over seven days from pharmacy and IT that had to be addressed.

There had been an increase in numbers using Telecare and Telehealth and the scheme had recently won a national award. A further review of the service was due and a report would be made available in the New Year.

77 WINTER PRESSURES/WINTER PLANNING & GP SURGE

Members of the Board received a presentation from the Chief Officer of Havering Clinical Commissioning Group on schemes to relieve winter

pressures on A&E. The Board were informed that BHRUT A&E had only achieved the 4 hour wait target twice since April 2013 owing to the following:

- Increasing London Ambulance Service conveyance to Emergency Department.
- A&E assessment breaches contribute to the largest proportion of breaches.
- Delays in specialist response, clinical response and bed waits.
- Urgent Care Centre (UCC) under utilised. Few patients being streamed to the UCC. Only 30-35% of patients attending A&E are streamed to UCC.
- Few patients diverted to GPs or other community services.

The Board were advised that BHRUT would be prioritising the improvement and maintenance of A&E performance over December and the preservation of Delayed Transfer of Care (DToCs) at summer levels. There were also plans to increase adult bed capacity by 72 beds during the winter peak assigning 54 to acute and 18 to rehabilitation as well as aiming to reduce bed demand and improve community access. The following schemes funded by winter monies (£7 million) were now being progressed:

- Emergency department recruitment and use of flexible staff
- 7 day working – expanded capacity over weekends
- Increase of Urgent Care Centre use
- Primary care – increase the number of GP appointments
- Discharge and support packages
- Frailty – targeted initiatives for the BHR system via patient audit
- LAS – robust capacity management system for managing patient flows
- Integrated Care – expansion of CTT/establish Intensive Rehab service
- Ambulatory care – using ambulatory pathways with MDT support
- ED flows – discharge lounge, high risk groups, supported discharge from emergency department
- Nursing Home scheme – use of community matrons to enhance care
- Communications – winter campaign to raise public/staff awareness
- Bed capacity – funds used to open additional beds at Queens Hospital

The CCG would be holding the Trust to account in achieving the 95% A&E four hour wait target from early January 2014. Members were further advised of the system requirements for Commissioner and Provider A&E reporting. These included a daily call to the Trust to check performance and issues, escalation calls to NHS England on how the Trust was performing and weekly bed review meetings.

78 PHARMACY SERVICES

The Chairman welcomed Surman Barhaya from NHS England to present a written report on Pharmacy Services following a request from the Health and Wellbeing Board. Members of the Board were asked to note the following:

The report focused on current government guidance for pharmacists, delivery expectations and on their role in general.

Pharmacists play a key role in providing healthcare to patients. Working in the community, primary care and hospitals, pharmacists use their clinical expertise together with their practical knowledge to ensure the safe supply and use of medicines by patients and members of the public. Community pharmacy is the service which NHS England commission via the contractual framework. Further services are also commissioned through community pharmacy such as minor ailments and public health services e.g. substance misuse services, stop smoking services.

Pharmacists have to meet standards of conduct, ethics and performance set by the General Pharmaceutical council (GPhC). A community pharmacist works within the contractual framework and is responsible for controlling, dispensing and distributing medicine. The responsibility of performance management of this contract sits with NHS England. Community Pharmacies work within legal and ethical parameters such as the Pharmaceutical Regulations and the Medicines Act to ensure the correct and safe supply of medical products to the general public. They are involved in maintaining and improving people's health by providing advice and information as well as supplying prescription medicines. Pharmacists are the third largest health profession. For many patients, this is the first point of call and that a person will visit a pharmacy 16 times a year not only for medicine expertise but also for health related issues such as minor ailments, healthy living advice and long term conditions. The service is usually convenient and anonymous.

It was noted that there were plans to further integrate pharmacies into providing primary and public health services – eg Emergency Hormonal Contraception access, condom distribution and contraception advice. There was also a plan to provide an emergency contraception service across a majority of London boroughs in line with JSNA recommendations. Pharmacies would also have opportunities to provide easy access to sexual health services such as Chlamydia testing, screening and preventative interventions on areas with high sexually transmitted infection rates.

NHS England (London Region) had recently launched a new community pharmacy initiative that would see over 1100 pharmacies across London working together to provide free NHS flu vaccinations to at-risk groups this winter thus complimenting the existing service provided by GP practices.
Thus far, the initiative was progressing well and data on the project would be available at the end of February 2014.

The Board were surprised to learn of the above scheme, as to their knowledge, none of the pharmacies in Havering were offering this service. The Board requested that further information be made available as to the areas covered and what the arrangements were to process unused vaccine.

The presenter acknowledged that there were several areas where pharmacy services could improve particularly around patient discharge from hospital. Pharmacy services could also further support A&E and other Primary Care services.

Board members representing the CCG were of the opinion that the system was generally fragmented and that the CCG would be holding discussions with stakeholders such as NELFT, GPs and pharmacies on working together to improve Primary Care services.

79 EMERGENCY HORMONAL CONTRACEPTION

The Board received an update from Dr. Mary Black on the pharmacy provision of free Emergency Hormonal Contraception to young people and were asked to note the following:

Almost all London boroughs have free Emergency Hormonal Contraception (EHC) although historically Havering did not contract pharmacies to provide fee EHC. A teenage pregnancy report was commissioned to better understand local issues which included a recommendation for pharmacies to provide EHC.

A number of issues were being resolved in order to launch an EHC scheme in Havering on February 1 2014. It was estimated that the cost of the service annually would be 20K with inflationary increases and that this figure would provide 833 consultations/doses.

Plans were now in place for the first cohort of pharmacists to receive Patient Group Direction training and to provide feedback on three on-line CPD programmes covering Sexual Health, Contraception and EHC by the end of January. The future aim was to ensure integration with other sexual health providers, GP, School Nurses and to link in with the Condom Card scheme.

80 HAVERING CCG COMMISSIONING STRATEGIC PLAN 2014/2015

The Board received an update about Havering CCG's progress in developing commissioning intentions, a Commissioning Strategic Plan, a Joint Commissioning Plan and a QIPP Plan for 2014/15. The report covered the activity that had taken place thus far by the CCG to shape plans, and to outline the next steps in the planning process. Members were advised that the paper was a "work in progress" and that draft plans were due for submission to NHS England by February 14. The Board agreed to hold a special meeting on January 29 2014 to discuss the plans in more detail and to approve the final draft at the February 12 Health and Wellbeing Board meeting.

The provision of a Dementia Centre in Havering was raised using a site that had been empty for two years which would be ideal for all related activities. It was agreed that the Chairman, Director of Adults, Children's and Housing and the Chief Officer of the CCG would discuss this further.

81 ANY OTHER BUSINESS

The Director of Public Health tabled a draft paper summarising the key findings from the Havering JSNA to assist in the CCG commissioning process.

The aim of the paper is to gather evidence on areas of major opportunity both to improve health outcomes from Havering residents and to increase value for money of the services commissioned by the authority in the borough.

The paper discussed the challenges involved with regard to borough demographics, National Outcome Frameworks for Adult Social Care and Public Health, the prevention of health problems by addressing lifestyle issues and supporting the most vulnerable. In addition, the paper gave a summary of the findings and commissioning implications.

It was noted that the paper was a working draft that required further input from key colleagues, particularly from Social Care, and should be viewed as a continuous briefing document. Further updates to the document would be made upon receipt of new data.

82 DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on 8 January 2014 at 1.30 pm.

Chairman