

Public Document Pack

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

This page is intentionally left blank