MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
15 October 2014 (1:30pm – 3:30pm)

Present

Cllr. Steven Kelly (Chairman)
John Atherton, NHS England
Cllr. Wendy Brice-Thompson, Cabinet Member for Health
Cllr Meg Davis, Cabinet Member for Children and Learning
Anne-Marie Dean, Chair, Healthwatch
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, Chief Operating Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH

In Attendance

Phillipa Brent-Isherwood, Head of Business and Performance, LBH
Barbara Nicholls, Head of Adult Social Care, LBH
Andrew Blake-Herbert, Group Director Strategy & Resources, LBH
Vicky Parish, Committee Officer, LBH (Minutes)

Apologies

Joy Hollister, Group Director, Social Care and Learning, LBH
Conor Burke, Chief Officer, BHR CCGs
Dr Atul Aggarwal, Chair, Havering CCG

33 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised all present of the arrangements in case of fire or other event that may require the evacuation of the meeting room.

34 APOLOGIES FOR ABSENCE

Apologies for absence were received from Conor Burke, Joy Hollister and Atul Aggarwal.

35 DISCLOSURE OF PECUNIARY INTERESTS

No disclosures of pecuniary interest were made.

36 MINUTES

The minutes of meetings of 13th August and 10th September 2014 were agreed as a correct record, and signed by the Chairman.

37 MATTERS ARISING

From the previous minutes (13th August 2014), the matters arising were:

Intermediate Care Consultation - Needs further developing after the responses at the end consultation period – 15 October, but there are no shocks so far.

Violence Against Women - Need to keep a longer term eye on this and look at this again in the future. This item will be put back onto the forward plan for a future agenda.

Better Care Fund - Congratulations were recorded to the staff that put in all of the hard work on compiling this report.

Within the minutes of 10th September 2014, the matters arising were:

Item 5: BHRUT Improvement Plan - Pressure on BHRUT must be kept in order to ensure this goes ahead, and the Board is fed back to.

The Chief Executive advised that a realistic plan was being pulled together, including aligning community plans, hospital plans and other relevant materials into one cohesive forward plan which was achievable and controllable, and that BHRUT had improved performance overall.

The Chairman suggested an extra meeting of limited range to meet on a quarterly basis to work to support BHRUT by focussing on project areas, to be attended by the key players including NELFT, GPs, pharmacies, the ambulance service (if possible) etc. An officer reminded the Board that this would need to avoid duplicating work of the existing Urgent Care Board.

Dementia - Progress in dementia services had been seen, however this had been slower than anticipated.

38 LIFE STUDY

Dr Rachel Knowles presented an overview of the 'Life study' project that had been commissioned, which was the largest study of its kind with an aim of involving over 200,000 people within the scope of this study (including children and parents).

The project was primarily a study of development, including lifelong health, wellbeing, and the interplay between biology, behaviour and environmental factors. From a health perspective, the project would look at how early life decisions affect health, including focus on immunity, asthma, obesity, and other conditions, as well as attempts to intervene to prevent illness.

A centre for the study was already set up at King George Hospital and information would be fed back into the systems, as it would become important to feed findings into policy and health improvement.

Previous studies had been based in areas that had not offered the breadth of ethnic diversity of the areas now identified (Havering, Barking & Dagenham, and Redbridge).

The funding secured to date would cover the study for the first year; however the study was unlikely to end after the first year. The funding bids and processes had been made on the basis that this study would be lifelong, and not just one year's study.

Concerns were raised of how representative the sample will be: if 80% of subjects would be of voluntary interest, that the study may only attract a certain type of parent.

The members of staff to cover this project had been seconded, but were additionally funded. They were still conducting their normal roles (i.e. as midwives and nurses) but they were additionally trained to support the project, and to recruit families into the project.

An officer raised concerns of what would happen if any of the children in the study became Looked After Children. It was advised that this had been considered, and the likelihood at this stage was that contact would be lost if this was to occur. Discussions were however occurring to see if there was an alternative because it would be a huge shame to lose those children, and the results could be even more useful in a wider range of ways.

39 CARE ACT/ BETTER CARE FUND

No additional information was available on the Better Care Fund at this time, as this had been discussed in detail recently.

With regards to the Care Act, the publication of regulations was due to take place imminently. No great change was expected from the draft which was had been considered by the Board. The eligibility criteria within the regulations had been slightly adjusted, but otherwise there were no major changes.

The London Boroughs and County Councils were happy with the regulations overall. Havering, and some other outer London Boroughs had sought changes, but Inner London Boroughs were very happy with the regulations. London was unique in that there are so many boroughs, so there were major differences in opinion due to the different demographics within each Borough.

An overhaul of the Care and Wellbeing Strategy was required to be completed within the coming months.

The Workforce Development Strategy was outward facing, promoting care to service users. There were some minor capacity and occupancy issues, whereby the care available when demand was highest was difficult to maintain.

Marketing and communication of events and information was far more extensive than previously.

The social care records required some additional ICT capacity including improving the online availability of information within the marketing strategy.

The Board **NOTED** the position.

40 COMPLEX CARE

Alan Steward presented on the new Complex Care model, which consisted of new joined up systems for the 1,000 most complex medical cases across the three boroughs. The new model would provide all medical services for these patients in one place, in order to provide the most joined up approach, and to ensure the best quality of service.

The service would include social workers, consultants within hospitals, and include longer more intensive sessions with GPs, including simplifying care for these patients. There would be patient advice lines available from 10am – 10pm every day.

There was strong stakeholder engagement with the process across all boroughs. It was clarified that the 1,000 people were selected from a dataset held within the service, rather than awaiting referral from doctors etc.

A member asked if the service would include the families of those identified, or if it would take the individual away from their family's care provider. Further details on the position would be brought back to the Board.

The Board **AGREED** unanimously to support the Complex Care model proposed.

41 END OF LIFE CARE

Dr Saini presented an update to the board of the End of Life project, and the provisions that had been put in place.

With regards to the Gold Standards Framework Training, there had been a slight delay in the introduction of the relevant training.

The Dying Matters Event had been a success, and focussed on all aspects of the end of life. The premise was that death was a taboo subject, and this event was designed to break down some of the reticence that many people exhibited.

Specifically the issues of after death pet care, will-writing, long-term caring arrangements and funeral services were addressed as matters which were not publicised enough. These items were covered in the Dying Matters Event, but it was recognised that more could be done to publicise this outside of the one week a year event.

Congratulations were passed to Dr Saini on doing such an effective job with this project.

42 ANY OTHER BUSINESS

Early Years Commissioning Transfer Update

It was noted that Early Years Commissioning had a shortfall in the level of funding across most local authorities. There was a £1.3million gap for Havering between the actual cost of the service and the budget. This was due to the service never having been properly costed out. Fourteen London boroughs had significant gaps between the budget and the actual cost of these health care services. NELFT had in effect been subsidising the services. NHS England was looking at these in the three boroughs, which could have an effect on the CCG.

It was noted that Havering could not meet the mandate for the 0-5 services it was expected to take over, with the level of funding made available. The level of funding per head of 0-5's was way below the minimum or average figures required and Havering could not to take on these services as things currently stood. An officer suggested that discussions be held with NELFT and ask what services could be provided within the budget that the Council had available.

It was noted that the situation was similar in many other boroughs but whilst there was a possibility of the situation improving, as a borough, Havering was one of the worst affected.

The Board **AGREED** unanimously that the Council should make it clear to the Department of Health it would not be possible to take over the Early Years services as proposed, given the low level of funding likely to be available.

43 DATE OF NEXT MEETING

The next Health and Wellbeing Board meeting will be held on Wednesday 12th November 2014, from 2pm in the Town Hall, Committee Room 2.

Chairman