MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
12 November 2014 (1.35 – 3.40 pm)

Present:

Councillor Steven Kelly (Chairman)
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
Mark Ansell, Consultant, Public Health, LBH
Andrew Blake-Herbert, Group Director – Communities and Resources, LBH
Councillor Wendy Brice-Thompson, Cabinet Member – Adult Social Services and Health
Conor Burke, Chief Operating Officer, BHR CCGs
Cheryl Coppell, Chief Executive, LBH
Councillor Meg Davis, Cabinet Member – Children and Learning
Anne-Marie Dean, Chair, Healthwatch Havering
Joy Hollister, Group – Children Adults and Housing, LBH
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, Chief Operating Officer, Havering CCG

In attendance:
Brian Boxall, Independent Chair, Children and Adults Safeguarding Boards
Philippa Brent-Isherwood, Head of Service – Business & Performance, LBH
Anthony Clements, Principal Committee Officer, LBH (Minutes)
Caroline O'Donnell, North East London NHS Foundation Trust (NELFT)
Jacqui van Rossum, NELFT

One member of the public and one member of the press were also present.

All decisions were taken with no votes against.

44 CHAIRMAN'S ANNOUNCEMENTS

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

45 APOLOGIES FOR ABSENCE

There were no apologies for absence.

46 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of interest.

47 MINUTES

The minutes of the meeting held on 15 October were agreed as a correct record and signed by the Chairman.

48 MATTERS ARISING

Life Study – The Board expressed some concern that the study was only initially funded for one year.

Complex care – Conor Burke would update on this area at the next meeting of the Board.

End of life care – It was felt that good progress had been made although there was still an issue around people dying at home. St Francis Hospice did excellent work but there were waiting lists for care at the facility. It was noted that the Hospice remit was wider than just cancer services. Dr Saini felt it was important that a dying person got the best care. People were now talking about death on a regular basis and a regular series of sessions discussing end of life care would commence from January 2015. It was noted with pleasure that there were now 50% less people being moved out of care homes to die in hospital.

49 ANNUAL REPORTS OF LOCAL SAFEGUARDING CHILDREN AND ADULTS BOARDS

The Independent Chair of both Safeguarding Boards presented the Boards' annual reports. The Children's Board had been statutory since 2006 and the Adults Board would become statutory under the Care Act. Both Boards sought to look at the safeguarding practices of individual agencies and discuss or challenge these.

The Children's Board had changed what safeguarding in Havering looked like. A lot of work had been undertaken on child sexual exploitation and identifying children subject to abuse. It was accepted that gangs were starting to be an issue in Havering although this was very much in its early stage. There were also issues with female genital mutilation in Havering although not in large numbers. The Chair felt that any new Joint Strategic Needs Assessment should reflect these issues.

Levels of mental health support had been an issue under child sexual exploitation as well as in cases of children self-harming, including in junior schools. Schools were currently undertaking work for the Children's Safeguarding Board on this area.

The Board Chair felt that all commissioners should consider safeguarding of children and adults and that it was essential to ensure commissioned services were safe into the future. Most safeguarding problems had resulted not from a lack of staff ability but were due to staff not coping with workloads. It was therefore essential to establish long-term staffing plans.

The Board agreed that staffing levels were issues in areas such as health visiting and school nursing and that this could impact on safeguarding.

It was important that individual agencies understood the impact of the Adults Safeguarding Board having statutory status.

The Board agreed that child sexual exploitation was an important issue nationally and it was important that victims were supported and that early intervention took place. The Safeguarding Board worked closely with the Children's Society. The Board had challenged the Police on the level of their investigation teams but this was more an operational issue for community safety. The numbers of convicted paedophiles resident in Havering were not known. The Police special child investigation team was shared with Barking & Dagenham. The Police had agreed that this team was under-resourced but there had been no changes as yet. This would be followed up before the end of the calendar year.

A transitional group was looking at the transition from children's to adult services. This included mental health services for teenagers which was a national issue. Schools had good input into both Safeguarding Boards.

A peer review of work on serious youth violence was currently in progress. This was being undertaken by the Home Office and £96,000 of community safety funding had been reallocated to deal with this issue in schools. Mentoring schemes were used for troubled teenagers and anti-social behaviour orders were also used to prevent at risk adolescents from entering the town centre.

The Safeguarding Boards worked closely with community safety agencies. This allowed the agencies to explain what they felt were current risks and long-term challenges.

It was noted that the Adult Board, once it received statutory status, would need a sufficient level of funding. This would require lobbying of central government as most other London boroughs did not receive additional funding for troubled teenagers. This was particularly topical as recent press coverage had suggested gangs were moving from inner London to more outlying areas. Havering was in the early stages of transformation in this area and could learn from work carried out in other areas.

The Board thanked the Independent Chair for his presentation and work. The annual reports for next year were due to be presented to the Health and Wellbeing Board in November 2015.

50 ANNUAL MEETING WITH NELFT

Officers from North East London NHS Foundation Trust (NELFT) explained that they wished to continue to widen the service portfolio of NELFT by moving into areas such as community nursing.

NELFT owned many buildings and estate in different stages of repair and wished to divest from properties where they had no control over infrastructure. There had also been investment into new properties such as the London Road Child Development Centre.

The Chairman felt that there were too many wasted facilities within Havering and that NELFT should talk more to organisations such as NHS England and NHS Property Services who were responsible for many local health buildings. There was currently no list of all health and social care properties within Havering although the CCG confirmed that this was being compiled.

NELFT officers felt that the London Road development was a good example of the different agencies working together. The building would be handed over to NELFT in December 2014. Services in the building would be based on engagement sessions that had taken place with stakeholders and the building would serve as a single access point for children's mental health services. The CCG and Social Care were looking at ways to avoid duplication of work by voluntary groups.

There were a total of 120 extra health visitors recruited for the Outer North East London area. NELFT had programmes in place to support new health visitors and had also looked at its retention model. A ministerial visit had taken place to showcase the work done and a second visit was planned.

The Council Chief Executive explained that attempts were in progress to reach agreement across London on the transfer of early years commissioning which was due next year. Specific health visiting elements had been written into a much larger contract and the suggestion of the transfer of health visiting services to the Council without any funding for overheads was not acceptable. The Department of Health was therefore being lobbied to give Havering £432,000 for health visitor overheads and, while this had been agreed as a figure by the Department's area team, a meeting was due to be held with the Department of Health later that week in order to discuss the issue further.

It was also felt that some boroughs did not have sufficient health visitors for their 0-5 population. The caseload for health visitors also varied widely across London and was very heavy in Havering. NELFT officers agreed that it was difficult to recruit health visitors to Havering due to the high number of cases per health visitor. The Chief Executive added that the matter could be escalated to Members at London Councils if necessary.

The three local boroughs were underfunded for health visiting compared to Inner London boroughs and local CCGs were also under capitation generally. It was necessary to try to use political levers to get funding for the Outer London boroughs. The Board Chairman suggested this matter could be discussed at a planned meeting with the Health and Wellbeing Board Chairmen from Barking & Dagenham and Redbridge. It was suggested that an agenda be drafted and the meeting hosted by Havering.

The NELFT Community Health and Social Care Service had been remodelled into multi-disciplinary teams. This had allowed teams to be co-located and engagement had also taken place with GP practices.

The Access and Assessment teams were now more responsive and meeting their improvement plan targets. There were also improved flows into the Community Recovery team. More people were also entering treatment via the Improving Access to Psychological Therapies (IAPT) service which had reduced waiting times and maintained high recovery rates. A recruitment programme for IAPT trainees had been developed in partnership with UCL.

Havering had been selected as a pilot area for Open Dialogue – a new treatment option. A cohort of staff had been trained in Open Dialogue techniques which focussed on recovery. The Open Dialogue technique had been used successfully in Scandinavia and the USA and was also felt to be more cost effective.

As regards services for older adults, the intermediate care service had been redesigned and the Community Treatment Team put in which had achieved very good patient satisfaction rates. The team had seen almost double the projected number of patients with Havering using approximately 55% of the service. The Board agreed that the Community Treatment Team had been very successful and well received in the community.

The Intensive Rehabilitation Service had also achieved good scores on the Friends and Family test. A total of 535 Havering patients had been seen thus far, representing 46% of the service.

Memory services had improved their diagnosis times and rates and service productivity had improved 100% leading to the award of MSNAP Excellent accreditation in October 2014. Going forward, NELFT wished to integrate physical and mental health services for older adults and was discussing this with the Council and CCG. NELFT officers would confirm the proportion of people scanned for dementia on entering the memory service.

The Chairman felt that there was still a lot of work to do on dementia services in Havering. NELFT officers accepted that the Victoria Hospital was not suitable in the longer term but improvements had been made to increase the clinical space available. It was confirmed that the disabled toilet at the site was now working. It was also confirmed that the St Bernards Day Centre building was owned by London & Quadrant rather than NELFT.

The Chairman felt that a corporate policy was needed on dementia and the Group Director would bring a paper on dementia to the next meeting of the Board.

While 800 patients had been assessed at the memory service in the last 12 months, this did not equal expected figures for dementia prevalence. NELFT officers explained that GPs and the Older Adults team could both access

the service. The dementia diagnosis rate had increased but the CCG wished to increase this further in order to meet the national target of 67%. A number of diagnoses of dementia were also made in hospital.

A scheme had recently started to combine the Community Treatment Team with the London Ambulance Service. In the first two weeks of operation, this had allowed around 60% of patients seen by the combined staff teams to stay at home rather than go to hospital. The Chairman pointed out however that attendance figures at A & E were still not reducing. The Council Chief Executive felt that there was now more confidence in the BHRUT team and that work could start to tie in the BHRUT and Council improvement plans. This would however require a lot of work.

It was necessary to improve efficiency flows through the hospital and the Council was supporting the hospital to recruit more good clinicians. This could be discussed further at a private meeting with the BHRUT chief executive scheduled for 15 December. Better use was now being made of data to track problems in the system.

While the Board had made frailty the first priority to reduce the numbers of people going into hospital, it was felt it may now be necessary to look at other types of hospital attendees. The Healthwatch representative added that she was now more confident that community teams could deliver.

The system of dressings used by District Nurses was being addressed and an update on this would be brought to the next meeting of the Board.

The Board **NOTED** the update from NELFT and thanked the officers for their attendance.

51 UPDATE ON INTERMEDIATE CARE CONSULTATION

The CCG wished to mainstream the Community Treatment Team and Intensive Rehabilitation Services across the three local boroughs. There had been a lot of feedback given to the consultation and the CCG was currently considering its response to this. A paper would therefore be taken to the CCG governing bodies on 11 December.

The Board indicated it would be very disappointed if the Community Treatment Teams and Intensive Rehabilitation Services were to be lost in Havering. It was uncertain if there was any appeal process if any of the CCGs decided this.

The Board **NOTED** the update.

52 PROVISIONAL ITEM - HEALTH IN YOUNG OFFENDERS INSTITUTIONS

This item was deferred to a future meeting.

53 PRIME MINISTERS CHALLENGE FUND UPDATE

It was explained that the new access hub run by the GP Federation had commenced in September 2014 with a phased introduction. Fifty per cent of the access slots were now being used and this was expected to increase in the future. Appointments were currently available from 6 – 10 pm on weekdays and it was planned to extend this to weekends over the winter period.

The Board felt that if the access hub was running properly, this would reduce numbers of people needing to attend A & E. It would be necessary however to instil confidence in local residents that that the hub would remain as a facility.

Shared care records would be introduced with GPs in December 2014 and for other providers such as BHRUT, NELFT and social care in the new year. It was agreed to take an update on this issue at the March meeting of the Board.

54 NORTH EAST LONDON ACCOMMODATION GROUP MAPPING

The Council Chief Executive explained that accommodation was an issue across both Inner and Outer North East London health services. Work on mapping of accommodation was under way and a report on this would be brought to the Board once the work was complete.

55 REPORT ON COMMISSIONING OF EARLY YEARS SERVICES

This item was deferred to a future meeting.

56 DEMENTIA CARE DECISION PAPER

This report would be submitted at the next meeting of the Board.

57 JOINT ASSESSMENT AND DISCHARGE TEAM PERFORMANCE REPORT

There had been a reduction in the number of permanent admissions to residential and discharge teams. The number of delayed transfers of care across the system was on target and performance against the reablement target was also good. Spending on homecare had however increased compared to last year with increases in both numbers of service users and the hours of care received. The reasons for this rise were being investigated.

It was felt that the Joint Assessment and Discharge Team should be pushed to start work on discharge at an earlier point in a patient's hospital stay. A report on this would be brought to a future meeting of the Board. The Chairman felt that the length of people's stay in hospital should be considered with perhaps the use of larger private houses being considered as a location for shared social care.

The Group Director for Children, Adults and Housing felt that the overall performance of the Joint Assessment and Discharge team remained to plan and it was important not to get distracted by short term increases in certain indicators.

58 ANY OTHER BUSINESS

There were no other business items raised.

59 DATE OF NEXT MEETING

The next meeting would be held on held on Wednesday 10 December at 1.30 pm in Havering Town Hall, committee room 2.

Chairman