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**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Town Hall  
23 March 2016 (1.00 - 2.56 pm)**

**Present:**

**Board Members present:**

Councillor Wendy Brice-Thompson, Cabinet Member, Adult Social Services and Health (Chair) **(WBT)**  
Councillor Roger Ramsey, Leader of the Council **(RR)**  
Councillor Meg Davis – Cabinet Member, Children & Learning **(MD)**  
Cheryl Coppell – Chief Executive, LBH **(CC)**  
Isobel Cattermole, Deputy Chief Executive, Children's, Adults and Housing, LBH **(IC)**  
Dr Susan Milner, Interim Director of Public Health, LBH **(SM)**  
Dr Gurdev Saini, Clinical Director, Havering CCG **(GS)**  
Dr Atul Aggarwal, Chair, Havering CCG **(AA)**  
Clare Burns, Havering CCG **(CB)** (substituting for Alan Steward)  
Anne Marie Dean, Havering Healthwatch **(AMD)**

**Also Present:**

Phillipa Brent-Isherwood, Head of Business and Performance **(PBI)**  
Elaine Greenway, Acting Consultant in Public Health, LBH **(EG)**  
Mark Ansell, Public Health Consultant, LBH **(MA)**  
John Green, Strategic Commissioning Lead, LBH **(JG)**  
Caroline May, Head of Business Management, Adult Services, LBH **(CM)**  
Lee Salmon, Learning Disabilities and Autism Commissioner, LBH **(LS)**  
Anthony Clements, Principal Committee Officer, LBH (minutes) **(AC)**

All decisions were taken with no votes against.

**40 WELCOME AND INTRODUCTIONS**

The Chairman announced details of the arrangements in case of fire or other event that might require the evacuation of the meeting room or building.

**41 APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Gillian Ford, Conor Burke, BHR CCGs and Alan Steward, Havering CCG (Clare Burns substituting).

42 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

43 **MINUTES OF LAST MEETING AND MATTERS ARISING (NOT ON ACTION LOG)**

The minutes of the meeting held on 27 January 2016 were agreed as a correct record. There were no matters arising not dealt with elsewhere on the agenda.

44 **ACTION LOG**

Item 15.1 – Probation services participation in MASH – completed. Noted that the Probation service was now engaging more in the steering group.

Item 15.2 – Circulation of Healthwatch Annual Report presentation – completed.

Item 15.3 – Comments on CCG commissioning intentions for children's services – comments received, item to be left on action log.

Item 15.4 – Update on backlog of health assessments for Looked After Children – Paediatric specialist now working on clearing backlog, update to be given at next Board.

Item 16.1 – Amendments to January Board minutes – completed.

Item 16.2 – Action log format – completed. File format to be amended to enable inclusion in main agenda papers.

Item 16.3 – Letter of thanks to Cllr Kelly – completed.

Item 16.4 – Circulation of letter re ACO development – completed.

Item 16.5 – Comments on Board terms of reference and strategic priorities – no comments received.

Item 16.6 – Circulation of revised terms of reference and strategic priorities – completed.

45 **HWB TERMS OF REFERENCE AND STRATEGIC PRIORITIES FOR DISCUSSION**

It was explained that, in line with the practice in neighbouring boroughs, it was proposed to include as members representative of BHRUT and NELFT although they would be excluded from voting on issues where there was a conflict of interest.

It was **AGREED** to not change Board membership at this stage but to revisit this issue once the overall strategic priorities for the Board had been agreed.

It was **NOTED** that the quorum for meetings of the Board with its current membership was 5 and this would rise if further members joined the Board.

46 **COMBINED VERBAL UPDATE ON ACCOUNTABLE CARE ORGANISATION/URGENT CARE VANGUARD AND DEVELOPMENT OF THE CCG SUSTAINABILITY AND TRANSFORMATION PLAN**

CC explained that the first workstreams were on track to report back in mid-April and that a democratic and oversight group had been established. A lot of work remained to be undertaken however.

It was noted that the expected funding from central Government had not been forthcoming and that this had met with a lot of opposition across London. The Leader of the Council along with the Leaders of neighbouring boroughs had written to Dr Anne Rainsberry concerning this and had also raised the matter at the London Councils Leaders' meeting. A copy of the Leader's letter had now been requested by the Secretary of State for Communities and Local Government.

There was now a national requirement to have transformation plans in place by the end of June and it would be necessary to ensure that the ACO sat within this. The focus would need to be on the overall health and wellbeing of communities with different issues dealt with at local, sub-regional or regional levels as appropriate. CC was leading the East London work on this and felt that, if funding was not forthcoming, the level of community engagement around the work would have to be reduced. The Council and the CCG may still be required to find additional funding for other aspects, should this be required.

47 **MARKET POSITION STATEMENT - COMMISSIONING IN ADULTS SERVICES**

JG explained that there had been a great deal of consultation on the Market Position Statement (MPS) which aimed to show providers what the Council's commissioning intentions were. The MPS showed all types of services that were provided to adult social care.

It was agreed that SM would check the figures in the MPS regarding the proportion of over 65s in Havering's population. People identified as being socially isolated were being visited by adult social care staff over the course of the coming year. Work was also in progress with Housing regarding the building of adapted housing for people with physical or sensory disabilities.

It was accepted that there was a high proportion of staff vacancies and turnover for care roles in Havering. This needed to be addressed by working with employers on areas such as the National Living Wage, staff contracts and staff training & development. There was a wish to present the care profession as more of a career. The Council was aiming to support more homecare providers to become sustainable business models although short term pressures in these areas were difficult.

There had been lower take-up of personalised budgets in Havering compared to other boroughs and JG wished to address the risk aversion of service users in this regard. PBI suggested the Board should look at market shaping work taking place to ensure that there were sufficient services in the market that people wished to spend their personal budgets on.

It was noted that Havering was a big importer of older people from other areas into Havering care homes. A possible solution was to increase reablement to allow more people to continue living at home but the appropriate services were needed to allow this. Attempts had been made to refuse planning permission for the construction of any new care homes within Havering.

WBT suggested that the issue of social isolation should be included within the MPS.

The Board **NOTED** the draft Market Position Statement.

#### 48 **TRANSFORMING CARE PARTNERSHIP**

JG summarised work in progress which aimed to move people from treatment units in hospital into community-based facilities. These were often complex decisions as it was necessary to ensure that both the service user and the community remained safe. The report before the Board summarised work that was in progress towards developing a combined solution for the Barking & Dagenham, Havering and Redbridge areas. A formal plan was required to be submitted to NHS England by 11 April.

A new learning Disabilities commissioner had recently been recruited and it was confirmed that the learning disabilities partnership board fed into the relevant engagement workstream. Engagement was also taking place with stakeholders and their families and a workshop with key stakeholders would be held shortly in order to develop a communications plan.

It was emphasised that only very small numbers of people (currently 5 in Havering) required the highest level of complex care packages but that each package was very expensive, costing £200,000 - £300,000. CB added that there were many success stories with people with complex care needs

coming out of secure units into community settings. Some people also chose to have placements outside Havering for family or other reasons.

The Board **AGREED** to delegate authority to the Deputy Chief Executive and the Accountable Officer (BHR CCGs) to sign off the final submission before the 11 April deadline.

**Action: IC/JG to bring updates on this work to the Board.**

#### 49 **BETTER CARE FUNDING PLAN**

CM explained that it had been previously decided that 2015/16 would be used as a planning year but that it was a requirement that an integration plan must be in place by 2017. Technical guidance on Better Care Fund planning had been released in February 2016 and this had confirmed that there was no longer a target for the reduction of non-elective admissions to hospital.

The Council and CCG was however required to have a plan re delayed transfers of care and this had been written into the Better Care Funding plan. The Disabled Facilities Grant had been increased from £829,000 to £1.4 million and officers were working with housing in order to plan how these funds would be spent.

The minimum requirement of the pooled fund was being invested along with a base budget of £855,000. Assurance on the Better Care Fund plan was currently being awaited and final plans had to be submitted to NHS England by 25 April. The report before the Board therefore proposed final sign-off of the plan prior to 25 April.

PBI added that the definition of delayed transfer of care was changing with timescales now due to start from as soon as a doctor declared a patient fit to leave hospital. This could make Havering's performance on this issue look worse. IC added that this would be discussed locally with the hospital and the Joint Assessment and Discharge team and people would not be taken into a care package if it was not felt that they would be safe. It was important that discharge issues were considered in conjunction with other appropriate agencies.

**Action: SM to e-mail the Better Care Fund plan to Board members for comment. A small group of interested Board members would also meet virtually to look at the details of the draft plan.**

The Board **AGREED**:

1. **To delegate authority to the HWBB Chair to approve final submission of the BCF Plan 2016/17 to NHS England for submission on 25 April 2016, subject to obtaining approval as required from the Council and the Havering Clinical Commissioning Group (CCG).**

2. To receive, post 25 April 2016, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.
3. To delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

## 50 HAVERING SEXUAL HEALTH SERVICES RECONFIGURATION

SM reported that the current provider of sexual health services was BHRUT but the service, as currently configured, was not cost effective. As such, work was currently in progress across the three local boroughs in order to find solutions.

It was proposed to close the sexual health and family planning sites in Havering (at Queen's and four spoke sites) and move to a tier 2 service based in Romford with specialist GUM services based in Barking. It was also possible that a London-wide tariff for sexual health services could be introduced. A six-week public consultation was required on the proposals before they could be implemented.

It was noted that the proposal re consultation was on the Council's Forward Plan and that an Executive Decision form re this would be presented to Councillor Brice-Thompson as the appropriate Cabinet member in late March. It was therefore proposed that consultation would commence from mid-April.

**Action: SM to prepare appropriate Executive Decision form for Councillor Brice-Thompson and bring an update on the outcomes of the consultation to future meetings of the Board.**

## 51 DRUG AND ALCOHOL REDUCTION STRATEGY

Officers explained that the drug and alcohol strategy was now contained within one overall strategy which many stakeholders had input to. It was proposed that governance of the strategy and its actions should be split with the area leads for community safety, children & families and public health retaining oversight of the relevant parts of the strategy. There would be an annual meeting of the leads to ensure that actions were being delivered and to develop plans for the forthcoming year. An annual report would also be made to the Board.

It was confirmed that NELFT had been closely involved in the development of the strategy and the Board congratulated officers on producing such a comprehensive strategy.

The Board **AGREED:**

1. That the Chair of the Health and Wellbeing Board should approve a final draft of the Strategy with further reference to the Board.
2. That an Annual report be given to the Board describing progress made.

52 **OBESITY STRATEGY**

SM advised that the obesity strategy now focussed on place shaping and that a lot of work had been undertaken concerning the Joint Strategic Needs Assessment as regards obesity. The recently announced 'sugar levy' was referred to in the strategy.

It was difficult in practice to prevent planning permission for takeaways located in the vicinity of schools. Officers felt that a possible solution would be for schools to seek to prevent pupils visiting takeaways at lunchtime. The Board congratulated officers on producing the strategy.

The Board **AGREED**:

1. That the Chair of the Health and Wellbeing Board could approve a final draft of the strategy without further reference to the Board.
2. That an obesity working group be established to periodically refresh and oversee delivery of a rolling action plan.
3. That an annual report be received describing progress made implementing the action plan and changes in levels of obesity, physical activity and healthy eating locally.

53 **FORWARD PLAN**

It was noted that AC would circulate confirmed dates for future Board meetings following the next meeting of full Council.

It was agreed that the mental health partnership board item would be removed from the agenda for the main meeting. It was also agreed that the pharmacy item should be removed from the agenda for the May meeting.

The next meeting of the Board would be on **Wednesday 11 May 2016** at 1 pm in Havering Town Hall, committee room 3A.

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**Chairman**