

## **NOTES OF A MEETING OF THE HEALTH & WELLBEING BOARD**

**Committee Room 3A – Town Hall  
16 November 2016 (1.00 – 3.10pm)**

### **Board Members present:**

Councillors Wendy Brice-Thompson (Chairman), Roger Ramsey and Robert Benham

Dr Susan Milner, Interim Director of Public Health, LBH (SM)

Tim Aldridge, Director of Children's Services, LBH (TA)

Anne-Marie Dean, Healthwatch Havering, LBH, (AMD)**Also present:**

Dr Russell Razzaque, Associate Medical Director, NELFT (RR)

Brian Boxall, Independent Chair for SAB and LSCB (BB)

Caroline May, Head of Business Management LBH (CA)

Rob Meaker, Director of Innovation, BHR CCGs (RM)

Simrath Bhandal, Project Manager BHR CCGs (SB)

Louise Mitchell, Chief Operating Officer CCG (LM)

Sarah Tedford, Chief Operating Officer BHRUT (ST)

Carol White, Integrated Care Director NELFT (CW)

Neil Stubbings, Interim Director of Housing Services, LBH (NS)

Elaine Greenway, Acting Public Health Consultant, LBH (EG)

Gloria Okewale, Public Health Support Officer, LBH (GO)

Richard Cursons, Democratic Services Officer, LBH (RC)

### **1 WELCOME AND INTRODUCTIONS**

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

### **2 APOLOGIES FOR ABSENCE**

Apologies were received from Andrew Blake-Herbert, Chief Executive, Barbara Nicholls, Director of Adult Services LBH, Connor Burke, Accountable Officer BHR CCGS, Alan Steward, Chief Operating Officer Havering CCG, Dr Atul Aggarwal, Chairman Havering CCG, Gurdev Saini, Havering CCG, Ceri Jacob NHS England, Jacqui Van Rossum, NELFT, Councillor Gillian Ford, Phillipa Brent-Isherwood, Head of Business & Performance.

It has been noted that board members should provide details of senior representatives if they are unable to attend the meeting.

### **3 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

### **4 MINUTES**

As the meeting was inquorate the minutes could not be agreed or signed by the Chairman, however the points raised previously were noted.

### **5 ACTION LOG**

It was noted that the draft refreshed Joint Health and Wellbeing Strategy was circulated to board members as agreed.

The SEND JSNA executive summary was revised and circulated to board members. This included information on exclusions from maintained schools as well as free schools and academies.

Finalised Joint Health and Wellbeing Strategy to be circulated to board members.

SM to identify the organiser of the Havering governing body to ensure future dates doesn't clash with the HWB meeting.

### **6 REFRESH OF HAVERING'S JOINT HEALTH AND WELLBEING STRATEGY**

SM advised that the current Joint Health and Wellbeing Strategy (2015–2018) had been signed off by the Havering Health and wellbeing Board in April 2015. It had been reviewed and refreshed in line with recent developments within the local health and social care economy to ensure it remained fit for purpose. The Board agreed the reframed themes and priorities for the strategy in May 2016. These had been reflected in the refreshed strategy document presented to the Board for approval subject to discussion and any subsequent amendments.

The actions required to deliver the themes and priorities within the strategy were contained within a number of other key strategic documents and actions plans. To avoid duplication of effort it had identified, for each priority, the key document(s) which set out the agreed actions to deliver on that priority and who was responsible for ensuring those actions take place. In addition leads had been to identify the key performance indicators to include in the HWB performance dashboard for the strategy. This would provide the Board with

assurance that the actions required to deliver the Joint Health and Wellbeing Strategy were being carried out and were leading to the specified outcomes.

Members were invited to provide feedback by email so that the final document could be brought back to the next meeting.

Members agreed that it would be helpful if the areas that had changed could be highlighted.

BB advised that it would be useful if the Local Safeguarding Children Board (LSCB) could look over the document and email any suggested changes.

AMD asked if going forward the Health & Wellbeing function would remain Havering specific or become tri-borough. RR advised that at present it was planned to keep Health & Wellbeing functions borough specific.

## **7 HAVERING SAFEGUARDING CHILDREN BOARD AND HAVERING SAFEGUARDING ADULT BOARD 2015/16 ANNUAL REPORTS**

The report provided the HWB with both the Havering Children and Adult Safeguarding Boards annual reports for 2015-2016.

BB gave a brief update on the highlights of both reports.

Members noted that since the reports had been written there had been a change in the process with a more face to face approach being introduced.

Ofsted had recently inspected the Board and the draft response was awaited.

The police re-structuring was imminent and more details would be known shortly.

The Children's report highlighted the work that had taken place and BB wished to acknowledge the support that was received from all members on the Board at all levels. The Board was of a very good level due to the amount of multi-agency workers working together.

The Multi Agency Sharing Hub (MASH) was now well developed and contact to referral level had increased evidencing improved agency engagement and decision making when determining the level of service required to respond to identified needs. This has also led to a significant increase in the number of contacts being referred to Early Help. There was now evidence of early intervention with children and young people and families requiring support being signposted to the appropriate service.

The Child Protection conferences had seen a problem with the lack of attendance by the police and the pressures it placed on other officers.

Staff stability was key as it impacted on various areas of the service.

Despite many attempts private fostering was still an area that needed improvement.

The Board had also started to work closely with young people from the Children in Care Council (CiCC), the youth parliament and young carers. This interaction was at its early stages but their input to date had been exciting and very insightful for the board and individual agencies.

Members also noted that there was now a high risk register in place.

In relation to the Adult's Board the past year was the first that the HSAB had been operating as statutory body following the introduction of the Care Act 2014. The HSAB has focused on ensuring that it was able to comply with the requirements of the Act.

Adult safeguarding activity had continued to increase over the year especially in respect of the number of contacts and referrals and conference activity. The major increase had been in respect of the application of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLs) assessments.

The safeguarding activity was being undertaken under continued financial constraints and the on-going restructuring of some organisations. This, and the demography of Havering which had the oldest population in London, will continue to pose significant challenges to the local agencies and the HSAB.

Awareness had been raised in the areas of self neglect, modern slavery and domestic violence.

One of the biggest areas of work was around the transition between children's and adults and how users were prepared for the move between the two.

Current risks were:

Mash - Financial constraints may impact on ways in which partners support MASH.

Capacity issue in relation to homecare- Choice for people with care needs depleted and liberty deprived unnecessarily. Impact on residential settings

Capacity issue in relation to DOLS - Volume of referrals was high.

Mental capacity - there was still a need to continuously brief staff in their responsibility to undertake MCA assessments.

RR advised that a first meeting had taken place between local authorities and the police to discuss Havering's involvement in a unified borough command with Barking & Dagenham and Redbridge. There had been a focus on child protection and domestic violence and although there would be the same amount of officers the plan was to de-centralise some of the specialist teams so the borough would have access to more specialist officers. RR also confirmed that the project was a pilot and was reversible if needed. It was also noted that Havering's current Borough Commander Jason Gwillim would oversee the tri-borough pilot.

## **8 SINGLE INSPECTION FRAMEWORK UPDATE**

TA gave an update on the recent Ofsted inspection. It was noted that this had involved 12 inspectors over a 4 week period, where they had looked at over 200 cases and met with staff, external partners and parents to gain a complete overview of the service.

The overall rating was "requiring improvement" which was what the service had expected. An action plan was being produced to deal with the areas that needed improvements. It was felt by the inspectors that the vision for the future was good, but improvements needed to be made on the day to day work. Safeguarding was also considered a strength as was CSE/ Missing Service, Early Help and Female Genital Mutilation. Weaknesses included workforce and commissioning of children's services which had been seen as too reactive.

The draft report should be received later this week and then the Council would give its response before the final report is issued in December.

## **9 LOOKED AFTER CHILDREN - HEALTH CHECK UPDATE**

TA advised that health of Looked after Children (LAC) had been a risk area that had previously been flagged to the HWB and LSCB and had been an area that Ofsted had looked at recently.

This had become a key priority area during the last six to nine months and there had been some improvement and whilst the report was being compiled colleagues from the CCG and NELFT had been linked with. Works would continue on improving progress. One of the areas of concern had been the initial health assessment which was now at 96% but still needed improvement.

There was a LAC/Heath sub group that would be reviewing progress of measures which took place every six weeks. Improvements had also taken place in the performance of review assessments  
Plans were also in place to ensure that all children in care were offered dental and optical checks on an annual basis. The aim is for all children to have those checks or to be offered those checks by March 2017.

There had been an improvement in children in care whose immunisations were up to date.

A strengths and difficulties questionnaire, which was a CAMS tool, was given to service users each year to complete so users could give an indication of where their mental health and emotional wellbeing was. Improved scores were being seen and Havering's average was now below the national average.

Plans were in place for developing an in-house team of systemic family therapists who would be providing direct support to the users or carers.

WBT asked about childhood obesity and was advised that that would be tackled by universal and targeted children's services including school nursing.

## **10 ADULT SOCIAL CARE LOCAL ACCOUNTS FOR 2015/16**

Local accounts were not mandatory but it was good practice to publish each year by local authorities who had responsibility for adult social care services. These accounts were designed to provide residents and service users with information on their Council's adult social care performance, activity and objectives. The Havering Local Account summarised adult social care and support achievements in 2015-16 and ambitions for the future.

CM highlighted several areas within the report including:

In 2014/15, the Council had supported 7,500 service users with 5,500 over the age of 65. This included over 2,600 people over the age of 85. This had increased to more than 7,770 in 2015/16 – a 2.7% increase from last year – with almost 6,117 of them over the age of 65. This included 3,080 over the age of 85.

The Council faced significant financial challenges due to funding reductions and increasing demand for services. Demand was increasing in terms of numbers of people who needed care and support, and also in terms of complexity.

The Council was actively developing savings plans to address budget shortfalls, in line with overall Council budget plans and considering how it would continue to provide Adult Social Care services. This may mean that it had to provide services in different and innovative ways in order to address the funding reductions that were being seen. 2015/16 savings were £5.2m against a budget of £52m (representing 10% of the service budget).

The Care Act imposed a duty on local authorities to promote individual wellbeing when carrying out any of their care and support functions in respect of a person. This duty was sometimes referred to as the "wellbeing principle" because it was a guiding principle that puts wellbeing at the heart of care and support system.

Much work had taken place to ensure that Havering was compliant with those aspects of the Care Act which came into force on 1 April 2015. This was a large and complex undertaking that had been delivered through a programmed management approach.

The report also detailed the challenges that lay ahead which included:

Even more Havering residents would be dependent on care and support services provided by the Council and its partners, the biggest challenge remained meeting the needs of a growing number of service users - particularly those aged over 65 - with the resources and funding available.

Whilst the need for services was continually increasing and would continue to rise, the financial challenges and the need to be creative in delivering services become more difficult. Havering had a growing population with a profile that was ageing, with need that were more complex. With Havering facing more cuts in funding in the next four years, the challenges in continuing to provide quality services to our residents within available resource would continue to manifest.

## **11 REFERRAL TO TREATMENT DELAYS IN BHRUT UPDATE**

The report before Members detailed the progress of the local Hospitals' Trust (BHRUT) and clinical commissioning groups (BHR CCGs) work together to tackle unacceptably long waits for treatment for some patients across the area.

ST and LM briefed jointly on the report which highlighted how the long waits had come about and what measures had been put into place to deal with the issues.

The report detailed how arrangements had been put into place to improve care, the clinical harm programme that had been undertaken, demand management and also showed the drop in the number of patients who had been waiting for more than 52 weeks for treatment.

The demand management had taken into account the ongoing treatment needs and those patients within the backlog and this had lead to commissioning of additional providers offering patients alternative means of treatment.

Members noted that systems were already in place so that the same situation did not arise again and there would be an external check of waiting lists annually which would help act as an early warning system.

BHRUT and Havering CCG had had to submit a system wide action recovery plan to enable them to return to reporting and achieve a standard of 18 week treatment time. The plan had been submitted to NHSE Board which would

make a decision in December as to whether legal directions would remain in place.

Going forward it was planned that by September 2017 all patients would be seen within 18 weeks.

## **12 HOUSING DEVELOPMENT**

The report provided the Board with an update on the housing development proposals approved by Council and associated regeneration implications and aspirations.

NS advised that the report attached that went before Cabinet on 12 October contained the latest information regarding the Council's house building programme, funded through the Housing Revenue Account (HRA) to provide affordable housing for local residents.

The Council had an ambition to deliver at least 2000 units of affordable housing through the programme. 1000 of those would replace those already in situ, but 1000 would be new units adding to the stock of the HRA. In combination with the 535 units that had already been approved by the September Cabinet report, this meant that current target for delivery of units was 2500 total with 1500 being new units of affordable housing.

Previously there had been an over-provision of sheltered housing but this was now being overtaken by the need for extra care sheltered accommodation. The proposals previously put forward included estate regeneration, community hubs and not just house building in its simplest form.

AMD enquired as to when the community hubs would be in place. In reply it was hoped that the hubs would be started in the next year.

RR raised a concern regarding extra housing provision and additional healthcare provision going forward. It was felt that discussions should be taking place with the CCG regarding the possible inclusion of healthcare facilities within large developments.

NS advised that discussions were being had with the CCG over the One Public Estate Project where the CCG realised that there were key infrastructure issues that they needed to provide for Barking & Dagenham, Havering and Redbridge.

It was agreed that this should be taken forward to a future meeting.

## **13 BHR CCGs' LOCAL DIGITAL ROADMAP**

The report updated the Board on the progress of the Local Digital Roadmap development.

RM advised that following the publication of the Five Year Forward View and Personalised Health and Care 2020, local health and care economies had a requirement to develop and publish their Local Digital Roadmap (LDR). The three-step process began in September 2015 with the organisation of local commissioners, providers and social care partners into LDR footprints. The second step was for NHS providers within LDR footprints to complete a Digital Maturity Self-assessment. Following initial submission of the LDR to NHSE in June 2016, the LDRs had undergone a review and were expected to be submitted for national publication by the end of October 2016.

Bids had been submitted for up to £40 million of funding although it was known that the final amounts awarded would be far lower than had been bid for.

In relation to GP clinical systems, meetings with the federations had taken place and an implementation date of April and June 2017 was hoped for. The estimated costs for the implementation of the system in Havering would be approximately £300,000. It was hoped that all GPs would sign up to one system making the implementation easier.

**14 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (INFORMATION ONLY, NOT FOR DISCUSSION)**

The Board noted the comments of the report.

**15 FORWARD PLAN**

Copies of the forward plan were distributed, it was noted that items had been raised at this particular plan needed to be added to the plan. Members were reminded that if they wished for items to be added to the plan then they should email SM and GO.

**16 DATE OF NEXT MEETING**

The next meeting of the Board would be on Wednesday 18 January 2017 at 1.00 pm at Havering Town Hall.