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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Committee Room 3B - Town Hall 15 March 2017 (1.00 - 3.06 pm)

Board Members Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman), Gillian Ford, Roger Ramsey and Robert Benham

Officers of the Council: Dr Susan Milner (Interim Director of Public Health), Andrew Blake-Herbert (Chief Executive) and Tim Aldridge (Director of Children's Services)

Havering Clinical Commissioning Group (CCG): Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group (CCG)) and Alan Steward (Chief Operating Officer, Havering CCG)

Healthwatch: Anne-Marie Dean (Healthwatch Havering)

Carol White, Integrated Care Director, North East London NHS Foundation Trust (NELFT)*

+ substituting for Barbara Nicholls, Director of Adult Services, London Borough of Havering

*substituting for Jacqui van Rossum, NELFT (part of meeting)

Also Present:

Mark Ansell, Public Health

Elaine Greenway, Public Health

Gloria Okewale, Public Health

Miriam Fagbemi, Public Health

Claire Alp, Public Health

Pippa Brent Isherwood, Head of Business and Performance

Ian Elliott, Children's Services

Anthony Clements, Democratic Services

Louise Mitchell, Redbridge CCG

Ian Tompkins Sustainability and Transformation Plan (STP) team

One member of the public was also present.

Apologies were received for the absence of Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) Jacqui van Rossum, NELFT, Conor Burke, BHR CCGs, Dr Gurdev Saini (Havering CCG) and Ceri Jacob (NHS England)

All decisions were taken with no votes against.

24 WELCOME AND INTRODUCTIONS

The Chairman welcomed all present to the meeting and reminded everyone present of the action to be taken in the event of an emergency.

25 DISCLOSURE OF INTERESTS

The following interest was disclosed:

11. UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN (STP).

Councillor Gillian Ford, Personal, Family relationship with presenter of the item.

26 MINUTES AND MATTERS ARISING (NOT ON ACTION LOG OR AGENDA)

The minutes of the meeting of the Board held on 18 January 2017 were agreed as a correct record and signed by the Chairman. There were no matters arising not covered elsewhere on the agenda.

27 ACTION LOG

It was confirmed that a list of pharmacists taking referrals from NHS 111 had been circulated to the Board.

A lot of work had been undertaken to clarify which groups looked to the Board for their governance. This would be completed within the next two weeks and circulated to the Board by e-mail.

A great deal of work had been done to identify appropriate KPIs for the HWB strategy dashboard. It had been originally suggested that KPIs would be selected from those strategies and action plans that contribute to delivery of the high level HWB strategy. However, in most cases, it was not possible to obtain trend data or to compare performance with other areas. It was therefore proposed to use indicators from sources such as national health and social care outcomes frameworks to produce a high level set of outcomes. Greater detail regarding the delivery of strategies and action plans and their respective KPIs would be provided through the HWB receiving reports from relevant groups.

A regular slot on the agenda had been created to receive an update on work on the Sustainability and Transformation Plan. A locality boundaries paper would be brought to the May meeting of the Board.

The updated Board action log is attached to these minutes.

28 UPDATE ON REFERRAL TO TREATMENT DELAYS

BHRUT officers reported that there had been significant progress at the Trust in reducing the backlog of patients awaiting treatment. The Trust was due to reach the 92% target for patients waiting less than 18 weeks in September 2017. It had also been confirmed that legal directions issued to Havering CCG on this issue had now been removed.

The Trust continued to review the backlog weekly and a Referral to Treatment Programme Board continued to meet on a fortnightly basis. The CCG was also on track to deliver its target for the number of referrals diverted from hospital to other healthcare facilities.

The data quality problem that BHRUT had experienced had now been resolved and third party assurance had been received on this.

The Board:

- **NOTED** progress of RTT activity and the reduction in long waiting patients
- **NOTED** progress with the clinical harm reviews of long waiting patients
- **NOTED** the work and support BHRUT had given with the development of a system-wide RTT recovery plan in response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016.

29 HEALTH PROTECTION FORUM REPORT

The 2016 report summarised arrangements for protecting the health of the population. The report also provided a spotlight on seasonal influenza which described the uptake of flu immunisation, arrangements for ensuring good uptake, and surveillance arrangements.

A number of agencies and groups provide reports to the Health Protection Forum, including the air quality working group. The main campaigns on air quality were funded by the Greater London Authority for whom this was a key issue. Havering had the best air quality in London although it was accepted that this could still be improved further.

The Board **NOTED** the report.

30 HAVERING CCG 17/18 OPERATING PLAN

CCG officers explained that the plan would be delivered over a two year timescale and covered the financial challenges facing the CCG as well as quality and performance issues. The financial challenge across the three local boroughs totalled £55 million (5-6% of the total budget) of which

Havering's share was around £22 million due to being the highest user of Queen's Hospital. This meant savings of £35 million had to be delivered for 2017/18 and a system delivery plan was being developed in conjunction with NHS Improvement and the rest of the health economy.

Whilst some inefficiencies could be driven out e.g. there were currently ten different providers of urgent and emergency care, it would remain necessary to also decide which services could continue to be funded. People also needed to be encouraged to use more self-care via for example seeking advice from their pharmacist. Having clinicians available at NHS 111 was also being piloted as a way of allowing people to self-care more.

The main decision making body for this work would be the Integrated Care Partnership Board and a Performance and Delivery Board had been established below this comprising representative of GPs, Local Authorities and providers such as NELFT. Operating plan priorities included primary care improvements, access to emergency care and work on Referral to Treatment times and cancer services. There would also be additional funding for mental health and learning disability services. End of life care would also be covered within the system delivery plan.

It was agreed that responsibilities towards Looked After Children would be included within the plan. There would also be a focus on non-elective admissions. It was suggested that a recent paper from BHRUT on the numbers of children self-harming could be brought to a future meeting of the Board.

Members felt that it was necessary to define what was meant by 'prevention' and to also look at how resources were moved across the system. It was noted that GPs spent large amounts of resources prescribing e.g. paracetamol which could be purchased cheaply from supermarkets. It was also not a good use of time for GP's to chase up patients' appointments with consultants etc.

It was confirmed that delays to treatment at BHRUT would cost Havering CCG £22 million this year and £8 million next year. Whilst 24,000 patients had been diverted from BHRUT, other providers would still need to be paid for this work.

The Board **NOTED** the report.

31 **PRESENTATION OF RECENT AREA INSPECTION OF SEND JOINT SELF-EVALUATION**

It was noted that this work was covered by the Children and Families Act 2014 and incorporated a move from Statements to Education, Health and Care Plans (EHCPs). The aim was to have children's needs met within school settings where possible. The inspection concentrated on joint

commissioning of these services and how children, parents and carers were involved in this.

A single inspection in autumn 2016 had given positive feedback on services for disabled children. Education provision had improved and a Joint Strategic Needs Assessment deep dive for SEND had been completed. The Local Offer would be relaunched in summer 2017. The SEND 2 survey had been completed and additional resources had been put in place to convert Statements to Education, Health and Care Plans (EHCPs).

Outcomes of the self-evaluation process included plans to have quicker decision making for children with EHCPs and moving to having a single child record in one place. The short breaks service was currently out to tender and a High Needs review would commence in mid-2017. Options for joint working with Barking & Dagenham and Redbridge were also being explored.

Of seventeen OFSTED or CQC inspections to date, there had been four formal statements of action given. Recurring themes included parents and carers not being sufficiently involved and a need for better timeliness in the agreeing of EHCPs. Other issues identified included long waits for treatment such as speech and language therapy, audiology, paediatrics and occupational therapy. The use of personal budgets was also limited.

Risks identified included demand management with more children in Havering having more complex needs than previously. Limited use of personal budgets was also an identified risk as were waiting times for some therapies and services around the transition into adulthood. A programme of improvements had been agreed and an action plan put in place, overseen by an Executive Board including representatives of parents and schools. Regular updates on progress would be provided to the Board.

The Board **NOTED** the update and the areas for action over the coming months.

32 **OBESITY STRATEGY UPDATE**

It was noted that an Obesity Prevention Working Group had been established which had received good press coverage for pan-London initiatives. The group had also met with the Youth Council. Engagement with School Councils would also be covered in the development of the Healthy Schools Programme.

Key issues included the Local Government Declaration on Sugar Reduction and Healthier Food which could lead to Public Health having input into decisions about Council advertising and sponsorship. An update on this area could be given at the next meeting of the Board.

The Havering Show could be used as an opportunity to supply information on obesity and it was suggested that Children's Centres could also be used

to educate parents about obesity via healthy cooking etc. The Early Help team also had health visitors, breast feeding nurses etc who could support women with infant feeding. Under the Localities model, ante-natal care could also be delivered at Children's Centres.

The Board:

- Reviewed progress made with the action plan during 2016-17;
- Discussed the refreshed action plan for 2017-18 and suggested any amendments and additions;
- **APPROVED** the Obesity Prevention Working Group to pursue cross-Council commitment to the Local Government Declaration on Sugar Reduction and Healthier Food;
- **AGREED** that the Chair of the Health and Wellbeing Board could approve the 2017-18 action plan without further reference to the Board;
- **AGREED** that the next update should be provided at the May 2018 meeting of the Health and Wellbeing Board. The slightly later date would allow for year-end data to be collected and reported.

33 **UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

The top priority of the Sustainability and Transformation Plan (STP) had been identified as prevention and defining what was done locally. Board members felt that it should established who benefitted from prevention work as well as who paid for this. The amount of investment required and at what level was not known at this stage. Hence a system-wide approach was required. Officers agreed, confirming that the STP area covered a population of around 2 million people and this was expected to grow by approximately 300,000.

Workforce issues were also a priority with a considerable number of local GPs approaching retirement age. Efforts were being made to promote the local area to new doctors and work supplying affordable housing or key worker accommodation was also in progress. The Council Chief Executive added that key worker accommodation was a major aspiration for Havering.

A total of eight work streams were being developed in the draft STP. A Memorandum of Understanding (now called a Partnership Agreement) had been agreed but this would not constitute a formal sign-off of the full STP. Three Council Chief Executives would be members of the STP Shadow Governance Board.

Directors of Adult Services, Children's Services and Public Health had been brought together in the previous week to discuss the STP and notes could

be shared of this meeting. Proposals would also come forward from this group. Terms of reference for the STP community group had also been drafted. This group included Healthwatch, voluntary organisations and charities. The wider STP reference group included representation from the British Medical Association, Local Medical Committee, Trade Unions, Police and the London Fire Brigade.

The STP would now be called the East London Health and Care Partnership and officers had recently met with communications and engagement leads from across the area. A central on line briefing room for the proposals would also be created.

It was planned that engagement would take place over the spring and summer and STP officers were keen to have a presence at the Havering Show. It was accepted that there was currently some lack of working across the boroughs.

Board members felt that the STP was unclear on what capital funding would be available to fund any expansion of A & E at Queen's Hospital. Officers responded that clarity was needed over what services the Urgent Care Centre at King George would be providing. There would not be any overnight closure of King George A & E this year nor were any bed closures planned. Assurances on the level of provision in nearby hospitals would be required before any closure of the A & E at King George. The STP partnership could be involved in brokering a solution to this issue.

The recent delay to the announcement of plans for the devolution of London health services was a challenge as this could impact on investment into the health sector.

Engagement was under way between the Council and the CCG to build health facilities and capacity into planning developments. This also linked to the housing development targets being set the Mayor of London's office. The Leader of the Council added that 50,000 extra people were expected to move to Havering in the next 15 years.

The Board **NOTED** the update.

34 **BETTER CARE FUND REPORT**

Officers explained that, whilst a technical update on the Better Care Fund was expected shortly, there was not likely to be any increase in funding for Havering.

The Better Care Fund plan covered a two year period (2017-19) and looked to move to a tri-borough approach. The Health and Wellbeing Board would have oversight of this. If Havering could achieve graduation from Better Care Fund planning, this would allow more flexibility. Guidance on the assurance process was awaited but this was likely to be less onerous than in previous years.

The sharing of risk would be revisited once the guidance had been received and CCG officers added that how risk was shared was important, given the reduced funding to support social care. Agreement on this should allow more of a focus on patients. The Council Chief Executive agreed that an improved pathway should be designed for patients.

The Board:

1. **AGREED** to delegate authority to the HWBB Chair to approve the final submission of the BCF Plan 2017/19 to NHS England for submission as required by the guidelines, subject to obtaining approval from the Council and the Havering Clinical Commissioning Group (CCG).
2. **NOTED** the intention to consider a three borough approach in year two of the plan, which will be subject to further consultation and agreement with the HWBB.
3. **AGREED** to receive, at the first opportunity, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.
4. **AGREED** to delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

35 **FORWARD PLAN**

It was agreed that the CCG System Delivery Plan should be brought to the May meeting of the Board.

The paper to be circulated detailing what groups looked to the Health and Wellbeing Board for governance would give an indication of what strategies were due to come to the Board although other groups could also be asked to present to the Board if required.

The CCG Chief Operating Officer would lead on a future item concerning the consultation on service restriction and prior approval. A report on the CAMHS transformation plan would also be brought to a future meeting of the Board.

It was agreed that any other suggestions for the forward plan should be forwarded to the Interim Director of Public Health.

36 **DATE OF NEXT MEETING**

The next meeting of the Board was scheduled at 1 pm on Wednesday 10 May at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following March 17 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.02	18 January 17	Susan Milner		SM to produce governance diagram for circulation to HWB members.	29 th March		
17.03	18 January 17	Susan Milner		HWB strategy dashboard to be circulated o HWB members.	10 th May		
17.06	15 March 17	Matthew Hopkins,		BHRUT to provide a paper on the numbers of children self-harming. This will be presented at future meeting.	10 th May		
17.07	15 March 17	Susan Milner		Paper to be circulated detailing what groups looked to the Health and Wellbeing Board for governance.	10 th May		
17.08	15 March 17	Alan Steward		CCG Chief Operating Officer to lead on a future item concerning the consultation on service restriction and prior approval	10 th May		
17.09	15 March 17	Jacqui Van Rossum,		A report on the CAMHS transformation plan to be brought to a future meeting of the Board	10 th May		

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