MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Town Hall
19 July 2017 (1.00 pm – 3.00 pm)

Present:

COUNCILLORS

Elected Members	Wendy Brice-Thompson (Chairman) Gillian Ford and Roger Ramsey
Officers of the Council	Andrew Blake-Herbert, Chief Executive Tim Aldridge, Director of Children's Services Keith Cheesman, Adult Services (substituting for Barbara Nicholls) Elaine Greenway, Public Health (substituting for Mark Ansell)
Havering Clinical Commissioning Group (CCG)	Dr Maurice Sonomi (substituting for Dr Atul Aggarwal) Dr Gurdev Saini, Board Member, Havering CCG Alan Steward, Chief Operating Officer, Havering CCG
Other Organisations	Anne-Marie Dean, Healthwatch Havering

Also present:

Zoe Anderson, BHR CCGs
Pippa Brent-Isherwood, Head of Business and Performance, LBH
Caroline May, Head of Business Management, Adult Services
Gloria Okewale, Public Health Support Officer
Ian Tompkins, East London Health & Care Partnership

All decisions were taken with no votes against.

1 WELCOME AND INTRODUCTIONS

The Chairman advised those present of action to be taken in the event of fire or other event that may require the evacuation of the meeting room or building.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Robert Benham, Barbara Nicholls (Keith Cheesman substituting) Mark Ansell (Elaine Greenway substituting) Dr Atul Aggarwal (Dr Maurice Sonomi substituting) Conor Burke and Jacqui Van Rossum.

3 DISCLOSURE OF INTERESTS

The following interest was disclosed:

Agenda item 14. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN.
Councillor Gillian Ford, personal interest, family relationship with presenter of item (Ian Tompkins).

4 MINUTES

The minutes of the meeting of the Committee held on 10 May 2017 were agreed as a correct record and signed by the Chairman.

5 ACTION LOG

The following items were noted:

17.10 – Update on referral to treatment delays was now on the forward plan and could therefore be removed from the action log.

17.11 – The joint dementia strategy had now been updated. It was noted that LGBT work was now included in the dementia strategy.

17.12 – Integrated Care Partnership communications plan to be an item at the September 2017 meeting of the Board.

17.14 – The health and wellbeing strategy indicator set had now been completed and this item could be removed from the action log.

6 HAVERING CAMHS UPDATE

Due to the presenter having sent apologies, this item was deferred to the next meeting of the Board.

7 CCG SYSTEM DELIVERY FRAMEWORK

It was noted that the three local CCGs had a combined £55 million deficit and were under legal direction to address this with £35 million of savings to be found jointly between BHRUT and the CCGs. The reduction of the backlog in referrals to treatment would help with the financial deficit and the CCGs also had a financial recovery plan.

Some £44 million of savings had been found thus far with £32.9 million of this identified by the CCGs and work would continue to close the remaining gap. Savings schemes were reviewed every two weeks and £4.2 million of savings had been delivered up to the end of 2016/17.

Savings could be derived from planned work where a lot of referrals from primary care could be treated in other facilities than Queen's Hospital. Redirection schemes could also be used for urgent care and, in children's services, appropriate assurances could often be given to parents via their GP.

It was planned to maximise use of estates in order to reduce void charges. Any large moves of clinics or GP surgeries would be engaged on and brought to the Board. All contracts would be reviewed in order to ensure that they provided value for money and opportunities such as managing respiratory cases in the community were also being investigated. Corporate spending was also being reviewed in areas such as car parking and the use of agency staff.

Meetings were being held with providers in order to identify savings and a referral management service would decide if patients could be better seen outside of hospital. Efforts would be made to better manage incidences of pressure ulcers which could result in a significant financial saving. A system-wide discharge programme was also under development in order to reduce the length of time people stayed in hospital. The CCG was required to consult on any measures that would have a significant impact on patients or residents.

The contract for Harold Wood Clinic was monitored and reports of people being regularly turned away would be investigated by the CCG if details could be provided and feedback given to the Board. More details could also be provided to the Board re the cost of treating pressure ulcers.

Medicines management would also be reviewed as cheaper generic drugs could often be used, if clinicians agreed, with for example much cheaper generic cholesterol tablets giving the same outcome as a branded drug. It was noted however that doctors should be mindful of prescription variations as some generic alternatives may not be the same as branded drugs.

The Board **noted** current delivery against the System Delivery Framework.

8 CCG - CONSULTATION ON SERVICE RESTRICTION

The CCG had consulted on proposals to save £5.2 million via changes to services such as IVF, prescribing and cosmetic surgery. The consultation had run for eight weeks and included public drop-in sessions, events and the distribution of leaflets. A total of 661 responses had been received which had shown overall support for stopping funding of services such as cosmetic surgery and weight loss procedures. There had been less support for proposals to cease funding IVF cycles.

A clinical evaluation had looked at the clinical impact of the proposals, patient experience and equalities issues. It had been agreed to cease funding 22 services and continue funding 10 services with one service (tummy tuck surgery) carried over for further work. The revised proposals would produce a potential saving of £3.03 million per annum.

The changes had begun to be implemented on 10 July although this would only be for new referrals, patients already in the system would be unaffected. Information on having treatments carried out privately would also be supplied to patients. It was also noted that applications for funding could still be made for one-off cases, on the basis of exceptional medical need etc.

Funding would cease for head lice treatments although public health advice would still be available for parents via school nurses. Whilst funding was stopping for cosmetic procedures, these could still be funded if they were related to treatment for cancer, burns or major trauma.

The Chair of Healthwatch Havering added that she felt the consultation on the service changes had been well managed and that Healthwatch had been closely involved. Clarification would be sought on precisely when prescriptions for gluten-free foods would cease.

It was noted that Dr Andrew Rixom, Consultant in Public Health, had given very helpful input to the Clinical Experts Panel.

The Board **noted** the decisions reached.

9 HAVERING END OF LIFE CARE ANNUAL REPORT 2016/17

It was noted that it was hoped to unify Havering's end of life care strategy with those for Barking & Dagenham and Redbridge. This area had already been cited as an example of good joint working in the Care Quality Commission report on end of life care.

A single Do Not Resuscitate (DNR) form had been produced and six Death Cafes had taken place allowing group discussion on all aspects of death. The use of the Gold Standard Framework had reduced the numbers of deaths in hospital and electronic end of life care plans were now available.

An IT issue had however meant that plans were not being removed if a patient had died.

The end of life care navigators project had been taken over by Age UK and the children's hospice was also represented on the end of life steering group. It was noted that St Francis Hospice was also now working with BHRUT.

It was felt that the public needed to be better prepared for death and associated subjects. End of life care issues would also be fed into the dementia strategy. Work in discussing end of life issues with family members could perhaps be picked up by the voluntary sector and links could also be made with young carers.

The Board **noted** the report and progress made with end of life care in Havering during 2016/17.

10 BETTER CARE FUND PLANNING FOR 2017-19

Guidance had recently been received on the planning cycle. Funding had been added for social care responsibilities which had allowed the funding of six schemes in 2016/17, most of which had performed to expectations.

Reablement services at the Council had been integrated with those of NELFT and the new reablement team was performing well. This had allowed people to get home from hospital more quickly. Staff were now co-located and both the Council and NELFT were trying to resolve associated IT issues.

Other areas focussed on by the 2016/17 plan included carers & the recommissioning of the voluntary sector, services for people with learning disabilities and long term conditions.

The new Better Care Fund plan had to be submitted by 11 September 2017 and a joint plan for the three boroughs was being worked on. Details of further joint working with the local boroughs would be brought to a future meeting of the Board. The division of funding between the Council and health bodies was currently being worked on and the overall funding available had risen from £18m to £23m.

A risk share agreement would only be required if there was a need to go beyond the CCG operation plan but this was thought to be unlikely. The Section 75 agreement would be readdressed and this could also be done jointly with the other boroughs.

Funding for the Health 1000 project had been agreed for 2016/17 but consideration was also being given to taking this into the Havering localities. The boroughs were working together to reduce inequalities and produce a uniformity of services across the area.

Officers were unaware of people being discharged home from hospital late at night and asked for further details. The target of the Home First team seeing patients within two hours of their arriving may need more resources to be met fully.

The Leader of the Council added that Better Care Fund resources were pegged to the 2% Council Tax levy for social care and felt that this was fair on Havering. Officers felt that work would need to be undertaken with the other boroughs on whether these allocations could be pooled and the Council had already held discussions on this with the CCG. It was accepted that a challenge of the Accountable Care System was how resources were shared across the area.

The Board **agreed**:

1. 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. The intention to prepare a three borough, two stage approach for the plan, which will be subject to further consultation and agreement with the HWBB.
3. To receive, at the first opportunity, the final submission that was made, and subsequently to receive monitoring reports at six monthly intervals.
4. To delegate authority to the HWBB Chair to approve BCF statutory reporting returns each quarter.

11 BHR TRANSFORMING CARE PARTNERSHIP UPDATE

This item was deferred to a future meeting of the Board.

12 INTEGRATED CARE PARTNERSHIP PROGRESS REPORT

Work was currently midway through the process of understanding what was required re joint commissioning with the System Delivery Partnership Board a key component of this work. It was aimed to move towards the establishment of three localities within Havering.

Pilot work was focussing on services for children and families within the localities and 15-20 families had been identified to take part in the pilot. For adult services, a whole borough drive would be established to support intermediate care. This would include GPs, pharmacies and community groups and aim to ensure a smoother way of using services. Cases of for example a patient being fit for discharge but still occupying a hospital bed due to housing issues could be dealt with in a more collaborative way under this approach.

It was hoped to bring the Borough Commissioning Plan to the next meeting of the Board.

The Board **noted** the progress made and agreed to receive further regular reports on the Integrated Care Partnership.

13 DRUGS AND ALCOHOL STRATEGY UPDATE

Officers advised that there was a dual reporting process for the strategy to both the Board and the Community Safety Partnership. It also emphasised that only small numbers of people in Havering had a substance abuse problem. New indicators showing progress with the strategy could be provided to the Board.

A new drugs strategy had been released in July 2017 which included a local drugs information system. A higher proportion of clients with alcohol problems had been treated – a success of the strategy. Challenges included an increase in the number of drug related deaths although this was an issue nationally due to the aging population.

Areas where Havering performed worse than the national average included admission episodes for alcohol-related conditions and officers added that it was important to have access to specialist alcohol treatment.

The proportion of people waiting more than three weeks for drug treatment had improved significantly following the reconfiguration of the service and the centralising of processes. Performance had also improved recently for the proportion of patients completing alcohol treatments.

It was suggested that the indicator covering the proportion of foster carers attending information sessions on substance misuse should also include carers of Looked After Children. It was felt that the strategy could also cover the relationship with the Local Safeguarding Board and the impact of substance misuse on Child Sexual Exploitation.

The Chair of Healthwatch Havering thanked officers for an improved format of the report.

The Board:

1. **Noted** the progress made in year one, as set out in the:
   - Drug and Alcohol Harm Reduction 2017 Progress Report, which provides a brief summary
   - Refreshed Draft Action Plan 2017-18 which provides in-depth information about actions that were scheduled for 2016-17 (as well as descriptions planned for 2017-18).

2. **Agreed** the proposal that future reports include an indicator set that was more tailored to a health and wellbeing agenda, and which is based on the Local Alcohol Profile and the Public Health Profile of substance misuse.

14 UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The East London Health and Care Partnership (ELHCP) had been launched in July 2017 with a launch event attended by 350 people. The Health & Housing Forum would now be meeting on 18 October and would look at themes including healthy communities, care at home, key worker housing and homelessness. The delivery plans for the Sustainability and Transformation Plan (STP) were currently being refreshed and would then be published.

Council officers were now on the Partnership Board and a meeting had been held with Cabinet Members in June. It was emphasised that the ELHCP was not a threat to local strategies and decision making and there was not a wish to change local arrangements. There was a wish to look at the role of Health and Wellbeing Boards in partnership and scrutiny Members had also been approached to become part of the assurance group.

The Partnership's community group had also now started with a diverse range of organisations represented including the Fire Brigade, Police, Councillors and Healthwatch. It was also planned to involve young people in the plans more. The partnership website had been redesigned and a public facing summary of the proposals had been produced. A series of public events had also been planned for autumn 2017.

A consultation was currently under way on the development of payments between commissioners and providers and it was suggested that the Partnership's finance director could attend a future meeting of the Board in order to provide further details.

The Board **noted** the report.

15 FORWARD PLAN

The Board noted that the updates on Havering CAMHS and on the Transforming Care Partnership had been deferred to the September 2017 meeting of the Board.

16 DRAFT REFRESHED HEALTH AND WELLBEING BOARD STRATEGY INDICATOR UPDATE (FOR INFORMATION)

The Board agreed the list of indicators as shown in the report and the list of annual reports to come to the Board. It was further agreed that this would be included as a reference item for each meeting of the Board.

The Board **agreed**:

1. That the Indicator Set be included as a reference paper for each meeting, noting that many of the indicators will remain unchanged where data are published annually.
2. In addition to the Indicator Set and annual cycle of reports, to receive the following annual reports:
   - Public Health Outcomes Framework
   - Adult Social Care Framework
   - CCG Outcomes Indicator Set

The Board noted that the content of the Indicator Set will be reviewed when the strategy is rewritten (in 2018).

17 DATE OF NEXT MEETING

20 September 2017, 1 pm, Havering Town Hall, committee room 2.

Chairman

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