MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Town Hall 24 July 2019 (1.00 - 3.20 pm)

Present:

Elected Members: Councillor Jason Frost (Chairman) and Nisha Patel

Officers of the Council: Tim Aldridge, Director of Children's Services; and Elaine Greenway, Public Health Consultant

Havering Clinical Commissioning Group: Maurice Sanomi, Havering Clinical Commissioning Group; and Tracey Welsh (Barking, Havering and Redbridge Clinical Commissioning Group)

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Irvine Muronzi, North East London Foundation Trust

Also Present: Claire Alp, Senior Public Health Specialist, London Borough of Havering; Dr Ann Baldwin, Clinical Director, Havering Commissioning Group; Natasha Dafesh, Senior Communications Officer, Barking, Havering and Redbridge University Hospitals NHS Trust; Councillor Gillian Ford, Elected Member, London Borough of Havering; Jordanna Hamberger, Primary Care Delivery Manager, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups; Dr Rami Hara, Chair, Long Term Conditions Transformation Board and Clinical Director, Barking, Havering and Redbridge Clinical Commissioning Group; Cathy Lobendhan, Delivery Manager, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups; and Nikita Sinclair, Public Health Specialist, London Borough of Havering.

One member of the public was also present.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

20 APOLOGIES FOR ABSENCE

Apologies were received for the absence of Councillor Robert Benham, London Borough of Havering; Councillor Damian White, London Borough of Havering; Andrew Blake-Herbert, Chief Executive, London Borough of Havering; Mark Ansell, Director of Public Health, London Borough of Havering (Elaine Greenway substituting); Barbara Nicholls, Director of Adult Services, London Borough of Havering; Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (Maurice Sanomi substituting); Steve Rubery, Barking, Havering and Redbridge University Trust (Tracy Welsh substituting); Jacqui Van Rossum, North East London Foundation Trust (Irvine Muronzi substituting); Fiona Peskett, Barking, Havering and Redbridge University Trust (Natasha Dafesh substituting).

21 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

22 MINUTES, ACTION LOG AND INDICATOR SET

The minutes of the meeting of the Board held on the 8 May 2019 were agreed as a correct record and signed by the Chairman.

The following items were noted in respect of the action log:

- 5 Clarification had been provided on whether data from the 21 Havering practices who had signed a data sharing agreement could be assessed.
- 6 Previously, two counselling services were officially brokered and signposted to schools via the HES Education Brokerage Service. The brokerage framework for this offer lapsed in January 2019 and, as things currently stood, had not been renewed. Schools could continue to engage counselling services independently. The Havering CYP Mental Health Transformation Group was developing guidance for schools on commissioning counselling services. This would present an opportunity to work with schools to re-explore opportunities to group purchase services. It was proposed that an update be provided during the next CYP Mental Health update to the Board.
- 7 Comments from Board members had been incorporated into the draft Health and Wellbeing Board Strategy in readiness for a consultation period. All members agreed to promote the consultation to their staff and client/patient groups. Once the consultation period had closed a report would be produced for the Board.
- 8 Members received an update from the Chair of the Clinical Commissioning Group. The Older People's Transformation programme was a three year transformational programme with a number of initiatives being rolled out in 2019/20. In April/May, the Clinical Commissioning Groups approved investment into older peoples services to improve outcomes in end of life care, falls services, intensive support (Home is Best Scheme) and to integrate services at the front door of Accident and Emergency. Programme highlights for April to June 2019 included:
 - Commissioning a falls prevention service from Age UK to cover Barking and Dagenham, Havering and Redbridge (previously only Redbridge).

- Commissioning the GP Federations to provide an enhanced primary care service to all nursing homes in Barking, Havering and Redbridge.
- Rolling out electronic care plans for end of life patients (Coordinate my Care)
- Engaging staff in integrated working through multi-agency workshops to develop the Home is Best scheme.
- Improving the identification of frail patients in Accident and Emergency by embedding the use of the Rockwood frailty score 0.

Members received the Health and Wellbeing Board indicator set which provided an overview of the health of residents and the quality of care services available to them.

23 DEVELOPMENT OF PRIMARY CARE NETWORKS IN HAVERING

The Board received a presentation regarding the development of Primary Care Networks across Havering.

During discussion, members were advised that if a surgery closed in a locality, without the prospect of another opening, there would be the flexibility to refine the strategy. Members noted the key milestones in 2019/20 and requested that details of what information would be provided to patients be regarding the primary care networks. It was noted that there had been difficulties in extracting data as the coding used was different across practices, however this was currently being addressed and the plan was for all practices to have a standardised system and a data sharing package/network.

The Board was informed that the Primary Care Network was required to appoint a named accountable Clinical Director, via a selection process within the Primary Care Network member practices, and details would be circulated to members.

Members questioned whether the delivery of primary care in care settings become the responsibility of Primary Care Networks or continue their individual relationships with particular practices, and were advised that it would be sensible for them to move to the Primary Care Network. Consideration would need to be given to embedding future work force teams in care homes. It was noted that a briefing document would be circulated providing completion details and implementation.

The Board noted and supported the ongoing development Primary Care Networks, as part of the Barking and Dagenham, Havering and Redbridge Integrated Care System.

24 BHR CCGS' LONG TERM CONDITIONS STRATEGY

Members received a report which set out the work that was being undertaken on Long Term Conditions. Barking, Havering and Redbridge partners were working together to move forward shared integration aspirations and address system wide issues. A number of clinically led transformation boards had been established to co-ordinate transformational change across the system that would drive down costs whilst improving both quality and outcomes. Long Term Conditions was one of the transformation boards. As Long Term Conditions had not previously constituted a defined area of work, a strategy document had been developed to understand the key challenges and develop a response to those challenges.

The scope of the strategy included diabetes, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, asthmas, chronic kidney disease and hypertension. Local and national data demonstrated a growth in the prevalence of all of these conditions and with it an increase in cost. A co-ordinated strategic approach was required to impact growth rates, improve care and deliver savings.

Increasing prevalence was a growing challenge with more people having a condition and not being identified or managed at an earlier stage, leading to unplanned care and possible admission. The need to shift care from NEL to elective, this focus on proactive care and patient empowerment would drive better outcomes and deliver financial savings across the system. Year one focused on Diabetes and Cardiology and the strategic focus was at national level.

There was a query about whether the mental health transformation board priority about improving mental health of people with physical ill health was mirrored in the LTC transformation board programme. It was confirmed that this was the case. It was reported that there seemed to be a high admission rate for people with LTCs who appeared to be self-medicating with alcohol and this was being investigated as there was no home detox team currently available.

There was a query about the availability of stop smoking services in the borough since the universal service was decommissioned. It was clarified that there was a stop smoking service available for Havering residents which was telephone/internet based. Information about the service would be forwarded to the LTC programme leads.

The Health and Wellbeing Board noted the report.

25 **PREVENTION OF OBESITY - ANNUAL UPDATE**

The Board received a report which provided an update on the progress made with implementation of the 2018/19 action plan.

The Board reviewed the progress made with the action plan during 2018/19 Discussed the refreshed action plan for 2019/20.

Members received an update on local trends in prevalence of obesity, physical activity and healthy eating. Trend data showed that prevalence of excess weight amongst Reception children remained stable at 24.4%. The prevalence of excess weight amongst adults in Havering was 71.2% in 2017/19, which was significantly worse than both England (62.0%) and London (55.9%). The difference in the buy-in from schools in relation to weight and obesity, in comparison to older people organisations was noted, and it was suggested that care facilities be approached to promote healthier living and physical health.

Members discussed the Local Implementation Plan 3 submitted incorporating Healthy Streets Approach and were informed that an application for public water fountains had been made to the Greater London Authority (GLA). During discussion of the delivery of a joint Sugar Smart and Water Refill campaign, information pertaining to potential plans for installation of water refill points by Transport for London would be sought.

Subject to there being general agreement with the approach taken to date, members agreed that the Chair of the Health and Wellbeing Board could approve the 2019/20 action plan without further reference to the Board. The Board approved the proposed approach to refresh the Havering Prevention of Obesity Strategy and agreed that the next update should be provided at the July 2020 meeting of the Health and Wellbeing Board.

26 DATE OF NEXT MEETING

The next meeting was scheduled for 1.00 pm, 25th September 2019 at Havering Town Hall.

Chairman