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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Committee Room 2 - Town Hall 10 July 2013 (1.30 - 3.30 pm)

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals LBH
Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
Dr Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Alan Steward, Chief Operating Officer (non- voting) CCG
Dr Gurdev Saini, Board Member, Havering CCG

In Attendance

Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Simon Williams, Acute Programme of Care Lead, Specialised Commissioning, NHS
England
Lorraine Hunter-Brown, Committee Officer, LBH (Minutes)

Apologies

Cllr Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH

28 MINUTES

The Board considered and agreed the minutes of the meeting held on 12 June 2013 which were signed by the Chairman.

29 MATTERS ARISING/REVIEW OF ACTION LOG

The Board were advised that the Care Quality Commission had made an unannounced visit to inspect the Accident & Emergency Department at Queens Hospital on 21 and 22 May 2013. Their findings had been published on 10 July 2013. Two out of three areas investigated – care and welfare of people who use services; and staffing required improvement and Queens Hospital had been given until 2 August 2013 to action this. The Chairman stated that it was too early to comment. Dr Aggarwal, Chair of Havering Clinical Commissioning Group had been interviewed by the media. The

Chairman requested a copy of the Care Quality Commission report as well as any response made by the Executive team at Queens Hospital.

Action Log Items

The Action Log was not reviewed however it would be updated following the meeting.

30 NHS ENGLAND UPDATE ON SPECIALIST COMMISSIONING

In the list of NHS England's service priorities, for example, the University College London Partners (UCLP) Cancer and Cardiovascular programme, Trusts had to meet with service standards and if they fell below that standard The Board received a presentation from a representative of NHS England on Specialist Commissioning who welcomed the opportunity to address the Havering Health and Wellbeing Board. The representative went on to address a number of points that Board members had raised.

The Board were informed of the NHS England organisational and geographical structure and that Specialist Commissioning was divided into the following groups:

- Mental Health
- Internal Medicine
- Cancer and Blood
- Trauma
- Women and Children

Although Specialised Commissioning covered 10 area hubs within England, the structure in London would be more integrated with a single regional team covering the three areas within London; North West, South and North/North East. Nationally NHS England had also established an Independent Review Panel to look into issues of public concern and the Children's Cardiac Services reconfiguration was given as an example.

The Board were advised that there were no definitive recommendations yet as to whether some specialised services should be centralised to central London, but that there was no immediate NHSE agenda for centralisation. The focus of NHSE is on the provision of equitable access to specialist services at the right standard of care. The London Specialised Team would be tasked with providing the means of assuring access to all services and that certain service specifications would need to be met.

In the list of NHS England's service priorities, for example, the University College London Partners (UCLP) Cancer and Cardiovascular programme, Trusts had to meet with service standards and if they fell below that standard, a plan would be put in place to deliver those standards. In addition, any service changes amounting to a reconfiguration would be subject to public scrutiny, including those relating to specialised cancer and cardiac services.

The Board were advised that NHS England had no model currently in place for consulting populations but a process was under rapid development.

Members were advised that Screening Children's Hearing came under direct commissioning, (not specialised commissioning).

An observation was made that the structure of NHS England, the Clinical Commissioning Group and Public Health was very confusing and that the centralised culture of NHS England could clash with local organisations including the Trusts. NHS England responded that they were very conscious of this and were looking at how they could work with the Clinical Commissioning Groups as well as Local Authorities and that any helpful advice would be gratefully received.

In response to a further observation that there were no Health Visitors listed within the Children's Sector on the list of Priorities, the Board were advised that Health Visitors were part of direct commissioning and that across London there was currently a shortage of 150 Health Visitors.

In summary, NHS England affirmed that it was one of their priorities to understand local ways of thinking and to understand Local Authorities. NHS England had sufficient resources to deliver effectively and there was no agenda to pull specialist services into Central London.

Several members observed that they had concerns about what was going to happen locally and did not feel reassured. Further comment was made as to the lack of definition and focus on the presentation which made it very difficult for the Board to challenge.

NHS England responded that the organisation was only three months old and that processes would become clearer. Further activities would be reported at Clinical Commissioning Group level but not to the Local Authority.

NHS England affirmed that there were no plans now or in the future to move services out of Queens Hospital, Romford.

31 PROGRESS UPDATE ON ST GEORGES HOSPITAL SITE

The Board received a progress update on the redevelopment of St Georges Hospital site and noted the following:

Following a consultation exercise with local communities and stakeholders which ended on 12 May 2013, the results had been reviewed and analysed with the aim to have the Outline Business Case by August/September 2013. The Clinical Commissioning Group (CCG) had established four work streams in order to deliver this. A report on the consultation was available on the CCG website. A Steering Group maintained six weekly meetings and included representatives from Havering Council, NHS England, NHS Property Services Ltd and the Havering CCG Patient Engagement

Reference Forum. A Delivery Board also met fortnightly to undertake the detailed work and was accountable to the Lead Clinical Director and Chief Operating Officer to the Governing Body.

The site of over 29 acres was owned by NHS Property Services and over half had never been built on and that this would remain the case as only 50% of the land could be utilised in any future development. The site was currently being soft-stripped, and to date, there had been several expressions of interest from private contractors. The CCG would require 10% of the land subject to space requirements. The sale of the remaining land would raise enough to fund any redevelopment.

The aim was to develop an enhanced primary care service for local residents which would include an on-site centre offering specialist tests and clinics for ultrasound, screening and blood tests as well as centre of excellence providing integrated health, community and social care for frail elderly residents.

The approval process for any development required by NHS England and NHS Property Services remained unclear. The Clinical Commissioning Group would continue to liaise closely with the two organisations to ensure that all business case requirements would be met and the use of the capital receipt.

The Board noted the report and fully supported the proposal for the redevelopment of the site.

The Chairman reiterated that the local authority had no financial interest in the site but would obtain an estimated value for information purposes.

32 HEALTH AND WELLBEING STRATEGY UPDATE PRIORITY 1

The members received a presentation on current projects and initiatives within the Health and Wellbeing Strategy Priority 1- Providing Early Help for Vulnerable People to Live Independently.

The key areas in assisting vulnerable people were:

- Tackling isolation
- Providing support to reduce emergency service contacts
- Increasing the individual's independence, ability to self-manage and use established support systems
- Volunteers recruited to support service users
- Improving choice and control
- Maintain independence and prevent acute admissions

Six Integrated Case Management (ICM) teams consisting of a District Nurse, GP, Social Worker, Community Matron and Case Co-ordinator had been established. The ICM teams would identify high risk patients and support them on co-ordinated care plans. Social Workers would visit vulnerable people on a monthly basis. It was noted that the project had

already produced benefits in reduced emergency admissions by 10% as well as improving patient service and experience.

There were currently 4 Assistive Technology Projects running in Havering one of which was Telecare which enabled emergency services to respond following an alert from a personal trigger. There was now 881 Adult Social Care funded users of which 90% stated they felt better and that the technology prevented escalation to hospital or residential care.

It was noted that the Falls Prevention Service had reported a reduction in the number of falls from 1915 to 1342 during 2011-2012.

The Board noted the presentation.

33 OUTCOME OF JOINT COMMISSIONING REVIEW

The Board received a report on the Joint Commissioning Review - Early Help for Vulnerable People, Priority 1 of the Health and Wellbeing Strategy Update.

The Shadow Health and Wellbeing Board agreed in March 2011 to use the Reablement and NHS Support for Social Care funding for the two financial years 2011/12 and 2012/13. This was in order to deliver a programme of pilot services with the aim of delivering benefits to patients and service users and providing financial savings to Health and Adult Social Care (ASC). A joint commissioning review required the providers of each of the pilot services and the project managers to present to a panel which took place on 23 May 2013 and the full details of the review outcome were attached to the report (Appendix A).

The Board noted the report.

34 ANY OTHER BUSINESS

A statement relating to NHS Support for Social Healthcare Funding 2013/2014 was deferred until the September meeting.

35 DATE OF NEXT MEETING

The Board was asked to note that the date of the next meeting was scheduled for 14 August 2013.

Chairman

