MINUTES OF A MEETING OF THE HAVERING HEALTH & WELLBEING BOARD

11 September 2013
1:30 pm – 3.30pm
Havering Town Hall, Romford

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Chair, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) Havering CCG
Dr Gurdev Saini, Board Member, Havering CCG

In Attendance

Debbie Mayor, Dementia Programme Manager, LBH
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Observers from Public Health

Apologies

Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
Cheryl Coppell, Chief Executive, LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH

30. CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the event of a fire or other event that would require evacuation of the meeting room.

31. APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

Apologies were noted and no substitute members were received.

32. DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

33. MINUTES OF THE MEETING 14 AUGUST 2013

The Board considered and agreed the minutes of the meeting held on 14 August 2013 which were signed by the Chairman.

34. MATTERS ARISING/REVIEW OF ACTION LOG

Health and Wellbeing Board Meeting 14 August 2013

Members of the Board briefly discussed the concerns and issues raised during the last Board meeting following the presentation from the Queens Hospital Trust representatives. It was agreed that a further meeting would be arranged where Trust representatives would be invited back for the Board to conduct a strategic review.

Proposed Closure of King Georges Hospital Night Time A&E

The representative from BHRUT announced to the Board the findings of the Clinical Review into the A & E departments at Queens Hospital and King George's Hospital. The review had found that both A and E departments would continue to remain open during the day and night, however, the eventual phased closure of King Georges A & E would proceed as planned.

It was announced that Dr Mary E Black, as Director of Public Health, had been invited to attend the BHRUT planning meeting for the CQC Review in October. The Board were advised that it would be an open process and that feedback would be provided. It was noted that Dr Black would attend as Director of Public Health and not on behalf of the Health and Wellbeing Board.

Review of Action Log

A further meeting with Queens Hospital representatives would be organised.

The Chairman would discuss further the formation of an Operations/Working Group linked to the Health and Wellbeing Board.

The Chairman confirmed that the Four Seasons Garden Project had been completed.

The Well Man Scans project had not been progressed.

The Chairman, Director of Public Health and the Chair of Health Watch would meet to discuss the Sexual Health Contract.

The HWB strategy for 2014 would be discussed at the next meeting and the Chairman recommended that the current 8 key priorities

should remain the same, however, members of the Board were invited to forward any suggestions or changes.

35. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

Priority2: Improved identification and support for people with Dementia

Members of the Board received a tabled report that provided an overview on progress of delivery of the National and local Dementia Strategy.

Dementia remained a key national and local priority, as set out in the Havering Health and Wellbeing Strategy 2012-14 (Theme A: Prevention, keeping people healthy, early identification, early intervention and improving wellbeing). The National Dementia Strategy published by the Government in 2009 contained seventeen objectives, fourteen being relevant at local level which were:

Objective One: Improving public and professional awareness and understanding of dementia
Objective Two: Good quality early diagnosis and intervention for all
Objective Three: Good quality information for those diagnosed with dementia and their carers
Objective Four: Enabling early access to care, support and advice following diagnosis
Objective Five: Development of structured peer support and learning networks
Objective Six: Improved community personal support services
Objective Seven: Implementing the Carers Strategy
Objective Eight: Improving quality of care for people with dementia in general hospitals
Objective Nine: Improved intermediate care for people with dementia
Objective Ten: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers
Objective Eleven: Living well with dementia in care homes
Objective Twelve: Improved end of life care for people with dementia
Objective Thirteen: An informed and effective workforce for people with dementia
Objective Fourteen: A joint commissioning strategy for dementia

The fourteen objectives were mapped to locally agreed pathways as agreed by the Dementia Partnership Board. It was the intention of the Board to undertake a detailed self- assessment against progress in delivering and implementing the National Dementia Strategy. In

further developing the work of the Board, two sub-groups were in the process of being established:

- Training and Education Sub-group: this group would be charged with achieving Objective 13 of the National Dementia Strategy, which was to have an informed and effective workforce for people with dementia.
- User Engagement Sub-group: this group would ensure that the voices and views of people with dementia and their carers were heard and used to inform the on-going development of a range of quality services and initiatives

The key purpose of the Training and Education sub-group would be to develop and oversee the delivery of the Havering Dementia and Training Programme, and to ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia care training.

The User Engagement sub-group would ensure that service users and their carers are fully engaged in the development, implementation and progress to delivery of the local Strategy. Finally, in order to enhance capacity, and drive progress, LBH and Havering CCG have recently appointed a Dementia Programme Manager to support the work of the Board and its Sub-groups.

There had been a number of local public awareness campaigns about dementia and priority was currently being placed on establishing the true level of prevalence of dementia, and to understand the 'gap' in people receiving a diagnosis.

Concern has been expressed at national level about the under-diagnosis of people with dementia, and emphasis has been placed on the importance of individuals receiving a diagnosis, following assessment, in order that they and their carers can plan for their on-going care and support needs.

NHS England, had set a target for every area of achieving a diagnosis and appropriate follow up support for two thirds or 66% of the local relevant population. Local areas were being asked to set their own ambition target and the Board were therefore asked to consider setting the local 'ambition target' for Havering.

The number of cases for Havering in 2011/12 was 3,419. The GP Dementia register recorded 1,332 people, giving a diagnosis rate of 39%. Since then, a detailed audit has been undertaken by Public Health, and on the basis of the audit, those practises with lower than average anticipated numbers were in the process of being visited by the Dementia Programme Manager, in order to:

- Raise the overall importance of dementia and outline the national and local picture
- Develop an understanding of the GP practice issues
- Support the individual practises with any potential recording issues, in order to ensure that records are accurate

The vast majority of GP practises in Havering had also signed up to a specific and enhanced service specification for facilitating timely diagnosis and support for people with dementia. Constant and detailed liaison with GP practices and Public Health would continue over the coming months, with regular updates on diagnosis rates reported to the Dementia Partnership Board.

The Havering Memory Service, provided by NELFT, was another critical part of the local Dementia pathway, providing formal assessment and follow-up care and support once a diagnosis of dementia is made.

Other Key Services were listed as follows:

- Dementia Adviser Role: This role supports the delivery of Objectives 1,11,12 and 13 of the National Dementia Strategy.

- A Dementia Forum, which is an open group, has been established and in place since March, 2013, providing information, updates and peer support for all attendees. The post holder has engaged with Havering Museum, who is now providing reminiscence and life story work, both at the museum and in a small number of care homes.

- Training about dementia, including such topic areas as dealing with behaviours which challenge, End of Life Care, and Mental Capacity Act has been provided to a range of care homes. The Dementia Advisor has also provided support to four local care homes to submit a successful bid to Department of Health for funding to create 'dementia friendly' environments in their establishments.

- In respect of Objectives 3 and 4 of the National Strategy, Age Concern is commissioned by Havering CCG to provide the Dementia Advisory Service. The service works across organisations to provide information, advice, on-going support and signposting for people who have concerns about their memory, those with a diagnosis of dementia, and their carers. The service had contact with 1435 cases in 2012/13, and has collated positive outcome data re: impact of support for carers over time. Havering CCG intends to review this contract over the coming months, as part of its overall review of contracts with voluntary sector organisations.

- Peer Support, as set out in Objective 5 of the National Dementia Strategy, is provided by Alzheimer's Society, via three support sessions per month. The Alzheimer's Society also provides a rolling programme of Singing for the Brain, in locations across the Borough.

- Access to improved community personal support services and support for carers is crucial to living well with dementia (Objectives 6 and 7 of the National Strategy). Locally, respite services are available to individuals following an assessment of need, and the service can be provided in a range of settings, including the person's own home, utilising a personal budget. A total of 59 people over 65 with a diagnosis of dementia have accessed a personal budget to purchase care and support.

- Further specific support for carers of people with dementia is provided by Crossroads, offering home based respite support for up to 80 carers.

- Objective 8 of the National Strategy sets out the requirements for improving the quality of care for people with dementia in general hospitals. Barking, Havering and Redbridge University Hospitals (BHRUT) have a named Clinical Lead for dementia, and an internal dementia care pathway is being implemented in all general inpatient areas. The Trust has appointed two dementia specialist nurses and there is extensive education and training programme in place for all staff, devised by NHS London.

- There is currently limited access to intermediate care for people with dementia, as set out in the National Strategy under Objective 9. Eight of the flats available in the Extra Care Housing facility at Paines Brook can accommodate the provision of either intermediate or respite care.

- With regard to Objective 10 of the National Strategy, and as referenced above, the joint development of an Extra Care Housing Scheme has been undertaken, and within that facility, five of the flats can accommodate tenants with more complex needs, including dementia.

- With reference to Objective12 of the national Strategy (End of Life Care), strategic implementation for this area is overseen by the BHR End of Life Steering Group. The group consists of key stakeholders from health and social care, both providers and commissioners.

The Board noted the report and made a number of comments as follows:

There should be earlier diagnosis which would make a difference to people's lives, however, there should also be a focus on improving services and support within Havering.

Population changes should also be taken into account so as to ensure needs are met. It was important to look at the framework and Dementia outcomes as there should be a measure of how local services are helping patients.

It was important to focus on people who attend their GP with memory loss – not all will have Dementia and some, if diagnosed, will not want to go further or others may be waiting for a specialist appointment. It was suggested that a survey of the 55 plus population be carried out so as to analyse the data. Population changes should also be taken into account so as to ensure needs are met.

The CCG had requested detailed performance data around services which would help in formulating a service specification.

Members of the Board thanked the author for an excellent report and the good work done thus far.

36 EXCLUSION OF THE PUBLIC

The Chairman requested that all visitors leave the meeting room prior to the following item on the Agenda.

37. JOINT ASSESSMENT AND DISCHARGE TEAM

The Group Director of Children's, Adults and Housing introduced the exempt draft report (previously circulated to all Board members) for consideration and comment.

The Integrated Care Commission, which is committed to improving the services offered to the local population, had proposed the concept of a Joint Assessment and Discharge Service which would be responsible for the safe and timely discharge of patients from acute settings, (primarily Queens Hospital and King George's Hospital), and would serve all three boroughs. It was hoped that the service would be implemented by April 2014.

Teams would be placed in wards and they would be able to discharge to any borough thus improving the patient experience as well as increasing hospital efficiency and effectiveness. Barking and Dagenham had led on the project with the engagement of NELFT and BHRUT.

Coalition members agreed the Design Principles at the workshop in April 2013 which were clarified by the Project Steering Group and translated into the following aims:

- To facilitate safe return home through collaborative working;
- To provide the integrated health and social care support required to discharge patients with social and/or complex medical needs;
- To identify end of life patients who wish to be looked after at home and ensure that they receive expedited discharge with the right health and social care support;
- To minimise delays arising from problems with inter-agency liaison;
- To focus decision making with the service user at the centre of processes;
- To analyse trends e.g. frequent attenders, borough trends, reduction in bed use, increase in community care packages.

The potential benefits identified:

- Improved patient experience - supporting patients to be discharged to the most appropriate location first time;
- Increase in numbers of people returning home and reducing the number of people going into residential and nursing home placements;
- Single patient centred screening and assessment process;
- Decline in complaints
- Reducing length of stay and delays in discharge;
- Potential release of capacity based on cross cover and shared resources across health and social care;
- Reduction in number of voided section 2s and increase in the section 2 to section 5 conversion rate;
- System talking with one voice;
- Change in culture and reduction in organisational boundaries;
- Cross service cohesion and joint decision making;

It was noted that the draft report would also be considered by Barking & Dagenham and Redbridge Health and Wellbeing Boards before being presented to the appropriate decision makers.

The Board Members noted the report and commented as follows:

a. There was no mention of enablement within the “Discharge and Returning home”.

b. It was noted that a manual information system would operate before the move to a shared electronic system, and Board

members requested that a Risk Assessment and Audit should be carried out on the whole procedure.

c. There were currently five other authorities/organisations involved in the proposed JAD and there was a need to build trust between the organisations.
d. The Board requested further reassurance around costing and suggested that more work was required in this area, and also on population structures as these varied from borough to borough.

e. Concerns were raised about patients that may be forgotten in outlying wards and that there would need to be a tracking system built into procedures.

In summary, the Board were supportive of the proposals although it was a significant investment and would cost more. The key to success in the project was likely to be in assembling the right teams and good benchmarking.

The Director thanked the Board for their feedback which would be reported back to the Steering Group.

38. CHILDREN AND FAMILIES BILL

The Board agreed to defer this item to a later meeting.

39. ST GEORGES SITE CONSULTATION UPDATE

The Board were advised that there was now a focus on the business case which had been forwarded to the Clinical Director. There were to be further discussions around ambulatory care/primary care and the possibility of moving four or five GP practices onto the site.

The original service model was to have included diagnostic clinics on site but there was a need to avoid duplication. PropCo were now the developers and would be looking at the business case as it was now a commercial model. NHS England had agreed funding on the basis of the business case, however, the risk would be transferred to Clinical Commissioning Group and therefore the plans must be viable.

Members of the Board were concerned that the business model would not include 24/7 care and that this would be a retrograde step. The Board requested that the Clinical Commissioning Group look at the placement of additional urgent care facilities on the site in order to support A & E.

The CCG stated they were looking at opening some GP practices at weekends so as to provide access to urgent care however there were issues to resolve with NHS England. A member of the Board

suggested that it would be a useful exercise to question users as to why they chose Queens Hospital for their primary care rather than GPs, and also cited a shortage of GPs in Havering.

The CCG confirmed that the business case for the redevelopment of St Georges would be finalised in January 2014 and that the current model offered enhanced and extended services during the day and, where possible, at night.

The CCG were also currently carrying out detailed reviews with regards to 2014 on services, hospitals and primary care.

39. DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on 9 October 2013 at 1.30 pm.

Signed……
Chairman