MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Commitee Room 2 - Town Hall
9 October 2013 (1.30 pm – 3.45 pm)

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
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 Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

In Attendance

Averil Dongworth - Chief Executive Officer – Queens Hospital Trust
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Observers from Public Health

Apologies

Cheryl Coppell, Chief Executive, LBH
Dr Mary E Black, Director of Public Health, LBH
Councillor Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) Havering CCG

51 **APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS**

Apologies were received and noted.

The Chairman requested that named substitute/s should not attend Board meetings in place of a principal member/s. Items on the agenda due to be presented by members should not be introduced by non-members.

52 **DISCLOSURE OF PECUNIARY INTERESTS**

None disclosed.

53 **MINUTES**

The Board considered and agreed the minutes of the meeting held on 11 September 2013 which were signed by the Chairman.

54 MATTERS ARISING/REVIEW OF ACTION LOG

Following the presentation on Dementia received at the last Board meeting, it was agreed that the post of Dementia Programme Manager would be extended beyond the current six month tenure. Representatives of the Local Authority and the Clinical Commissioning Group confirmed that this would be funded by the Integrated Care budget and that the matter would be progressed.

Work on the formation of the Joint Assessment & Discharge Team was in progress and it was anticipated that the team would be in place by April 2014.

It was noted that 7 Day Working would be introduced by BHRUT at the hospital as of November 1 2013 together with the GP Weekend Scheme also scheduled to commence in November. Two GP surgeries are required to participate - one surgery would be within close proximity to Queens Hospital and one further away; expressions of interest are currently being sought from GP surgeries. The Board agreed that these measures were timely in relation to the onset of winter pressures. The Chairman offered the use of the Local Authority magazine and the website to publish the weekend service to ensure that patients are informed and aware of the services. NHS England stated that they had requested that all Public Health improvements should be advertised.

The Chairman had written to the local newspaper in response to an article on the future of the St George's Hospital site.

The Board welcomed Margaret McGlynn, Care Quality Commission Compliance Manager to provide a briefing on the CQC revised inspection procedures for hospitals. The Board noted the following:

- The CQC were changing the way they worked and had adopted new inspection processes. Future inspection reports would look different in that they would be talking about services and the leadership within those services. Inspection will be based upon 5 domains – safety, effectiveness, responsiveness, caring and well-led
- The inspection teams had increased in numbers (up to 36 members) and would include independent experts (e.g.; clinical consultants, directors of nursing, hospital chief executives and experts by experience).
- Areas to be inspected included: A&E, maternity, paediatrics, acute medical and surgical pathways, care for the frail elderly, end of life care and outpatients.
- Inspection teams would be on site between 5 – 7 days. Each service would be reported on and this would form part of an overall executive summary.

In order to test the modifying process and obtain useful feedback, the final report would be subject to a Question and Answer session prior to

publishing. A new rating system had also been introduced and would be applied following the inspection. This would not be based on stars/symbols but by a narrative driven by the 5 domains.

Members of the Board requested to know how the CQC evaluated interactions between staff and patients on assessing care, and whether they would be investigating cancelled appointments. The Board were advised that these areas would come under responsiveness and that the inspectors would look at how services are working for both the public and the Trust. The inspectors would also consult with the public as to what they think the priorities should be and likewise with the Trust.

It was noted that a recent inspection of King George's Hospital carried out in August had been very positive. A further inspection of Queens Hospital would commence on Monday 14 October 2013.

Members of the Board enquired whether the CQC would be seeking the views of GPs as well as patients. The Board were advised that the CQC would utilise the Health and Wellbeing Board as a forum to engage further with Local Authorities and Clinical Commissioning Groups.

The Chairman, on behalf of the Board, thanked Margaret McGlynn for attending the meeting. It was agreed that the CQC attend a future meeting to provide further updates.

55 **BHRUT UPDATE**

The Chairman welcomed Averil Dongworth, Chief Executive Officer of the Queens Hospital Trust. The Board noted the following updates:

Urgent Care Centre

The Urgent Care Centre utilisation rates were up to 32% and the CCGs were being provided with weekly reports. At the HWB Board meeting of 14 August 2013, there was a discussion about the contracted level of 45%-50%. These figures were based on a clinical audit that would agree a trajectory to increase utilisation. The audit was currently with the CCG. Original utilisation rates were very low and it had been a slow process to increase the figure to 32%. The figure had been benchmarked with other outer London Trusts where it was found to be below the average figure of 33-34%.

Members of the Board expressed their concern in that they considered 32% a low take up in usage of the Urgent Care Centre and asked what measures were being put in place to increase the figure.

The Chief Executive of BHRUT advised that it was essential to put the right patients with the right treatment in the right place. A lot of work was done to stream patients or redirect them to GPs on arrival in A&E. The Trust would like to achieve a utilisation figure of 40 % and work was on-going in

developing the NHS England UCC model and using it as a template. It was also the view of the Chief Executive of BHRUT that the CCG ought to pay the right tariffs for work done and that a clinical audit would help in addressing this issue. The CCG were billed for patient's treatments, however if temporary staff were not recording treatments appropriately, then information could not be correctly coded which in turn affected the figures. It was therefore very important to have permanent staff and a modern IT system.

A member representing the CCG advised that the CCGs had not been very proactive in the past but would be leading now as they had a better understanding of the position. A&E admissions had decreased slightly whilst attendances had increased marginally and there was still a lot of work to do. UCC utilisation rates were only 23% 2 years ago and the CCG would be investigating how the service is commissioned.

It was noted that Queens A&E was being redeveloped. There would be separate doors to A&E and the UCC which would make it easier to staff.

It was confirmed that both UCCs at Harold Wood and Queens Hospital were operated by the same provider. The Chairman questioned why the Harold Wood centre was not being run according to the original plan of closing at 8.00pm and closed its doors to new patients at 6.00 pm. The centre should support 6 GPs and provide a 24 hour service. The representative from NHS England said that he would raise this issue in a meeting with primary care colleagues. The Chairman offered to forward the original plans if required.

The Chief Executive of BHRUT affirmed that when ambulances ceased to arrive at King Georges, it was anticipated that 65/70% would still attend the Urgent Care Centre. From thereon ambulances would travel to either Whipps Cross or Queens Hospitals.

Queens/King George's A&E

The Chief Executive confirmed that there were plans to close the A&E at King George's Hospital to blue light admissions from ambulances around late summer in 2015. A lot of work would be carried out before then at Queens. Queens Hospital was a PFI hospital and it was important to get everything right. There were deadlines to meet and issues around clinical modelling. The Trust was working with PFI partners and clinicians had approved the plans.

Following the Clinical Review, the recommendation was that King George's A&E would not close until it was safe to do so and that the redevelopment of Queens A&E was complete. The Clinical Review had also made a number of recommendations and that these were now work in progress.

The Chair expressed a view that there had been no discussion with the Local Authority nor had there been a meeting with the Council Cabinet to discuss health matters, particularly the plans regarding A&E closure to

ambulances. The Chief Executive gave her apologies and stated that the Health and Wellbeing Board was new and that she was prepared to hold discussions with anyone at any time. A member representing the CCG stated that in the past PCTs had not been very good in communicating. The Chief Executive concurred with this view stating that the NHS itself had not excelled in this area and that in going forward, there should be more engagement with groups including Healthwatch so that all parties were clear on strategy.

The Board noted that there needed to be some clarity about the definition of an Urgent Care Centre. The Chairman of Healthwatch pointed out that patients often have a problem with what things are called by the health system. This needed to be clarified for patients to help them navigate the health system better and should be communicated nationally and locally.

Joint Projects UCB/ICB

(i) Recruitment

The Trust had formed an agreement with the Local Education Training Board (LETB, or Deanery) for 10 Clinical Fellows for introduction to Clinical Fellows/Leadership Management programmes. Efforts were also being made to repeat the same in nursing. There were joint appointments with Barts Health via the Trauma Centre and that there would be a new cohort of emergency doctors. UCB had been helpful in the task of promoting Romford as a place to live and work. Representatives from the Trust would also be travelling to India to recruit more staff. The Trust had to compete with inner London Trusts providing Acute Trauma as well as overcoming the reputation of the hospital.

(ii) Seven Day Working

7 Day Working had now been implemented in Queen's Hospital since the beginning of September, but was still not really delivering yet. The Trust had been looking at blockages in the system, however, it was confirmed that 7 Day Working was delivering a better quality of care to patients. Patients were able to see a Doctor on the ward on a Friday or Saturday which produced better outcomes. It has also been found to produce a surge of patient discharges on a Tuesday. The Trust would continue to monitor this closely as a pattern had not developed yet.

(iii) Joint Discharge

The Chief Executive of BHRUT noted and thanked the Director of Adult Social Services for her personal involvement in addressing a recent discharge problem.

(iv) Frail Elderly

A programme had begun of trialling extended opening hours over the weekends by primary care providers so as to increase the number of appointments in the system. Research was also being undertaken in conjunction with UCL on looking at data for around 500 patients audited last month to see how improvements to services can be made and the processes simplified.

The Chairman on behalf of the Board thanked the Chief Executive of BHRUT and extended an invitation to report to the HWB Board on a regular basis. The Health and Social Care Sectors were undergoing change and that health partners needed to understand how Cabinet and Scrutiny worked. It was therefore agreed that the Chief Executive would attend the HWB Board meeting to present a progress update in two months.

56 HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE - TO FOLLOW

Priority 5: Better integrated care for the "frail elderly" population

It was agreed to defer this item to a later meeting.

57 REFRESHING THE HAVERING HEALTH AND WELLBEING STRATEGY AND HAVERING CCG COMMISSIONING STRATEGY

It was noted by the Board that CCG and LBH officers were in the process of reconfirming priorities and that discussions would follow receipt of the JSNA. It was anticipated that a strategy would be available by November 2013.

58 JSNA UPDATE

It was agreed to defer this item to a later meeting.

59 QUARTERLY UPDATE ON SAFEGUARDING CHILDREN/ADULTS

Children

The Board received the Havering Local Safeguarding Children Board's Annual Report 2012-2013 together with a further report highlighting aspects of the LSCB Annual Report.

Havering Multi Agency Safeguarding Hub (MASH)

A review had recently been carried out to benchmark the Havering Multi Agency Safeguarding Hub (MASH) operation with others and that a report would be released in November 2013. MASH continued to receive a high

level of referrals of which a number were attributable to police MERLIN[1] notifications made to Children's Services when a child comes to the notice of the police. This was being addressed by the police who were looking into how they screen their work and reduce unnecessary information sharing with different agencies.

Child Protection Processes

The Havering Local Safeguarding Children Board (LSCB) Quality and Effectiveness working group continued to scrutinise the whole area of child protection. Thus far, the quality of the work has been good however Children's Social Care have identified cases that remain on a child protection plan for only three months whilst others remain on a plan for 2 years. An audit will be carried out and findings reported to the Quality and Effectiveness working group.

Looked After Children

Looked After Children had not been performing well however significant progress had been made following the implementation of an improvement plan. It was noted that there had been no serious case reviews during the last financial year. A priority for the partner agencies was to secure long term stability for Havering's most vulnerable children with permanent and adoptive placements.

Early Help

The LSCB agreed an approach to Early Help in July 2013. A report by the LSCB Quality and Effectiveness Group will be passed to the LSCB in January 2014 on whether the early offer of help strategy has resulted in improved measurable outcomes.

Havering LSCB

A LSCB Development Day is being planned for the LSCB Quality and Effectiveness group to explore how each partner agency quality assures its work and the methodology of reporting this information back to the Group.

Havering LSCB had a new independent chair, Brian Boxall, who would be chairing both the Children and Adults Safeguarding Boards. Havering LSCB has a responsibility to ensure that thresholds are set appropriately and fully understood. The current threshold document was developed by Children

[1] MERLIN is a Metropolitan Police database which was developed from their missing persons database. It now records details of any child who 'comes to notice' for any reason, ranging from child protection to bullying; being 'present when premises are searched'; where it is suspected that a family member has mental health problems or in any circumstances where a police officer thinks that the family needs social services involvement.

Social Care and ratified by Havering LSCB with inspection finding that practitioners understood thresholds and were confident in its application.

In response to Working Together 2013, the London Safeguarding Board is developing a threshold document in consultation with all London Boroughs with the expectation that the threshold document will be adopted by Havering LSCB in early 2014. Havering LSCB is in the process of undertaking an audit of section 11 compliance across LSCB partners. The LSCB will receive a report on agency compliance in January 2014

The Board noted the report.

Adults

The Board received a tabled report on the Safeguarding of Adults and noted the following:

The introduction of the Care and Support Bill will place Adult Safeguarding Boards on a statutory footing. The LSCB are aware of the changes that need to take place by 2014. An independent Chair has been appointed and the Board have a clear understanding of the current objectives and will be working with partner organisations to achieve common solutions.

Current Actions and Updates

- The Board has welcomed the arrival of its new independent Chair
- Winterbourne - The Board has been assured with current plans in place.
- Francis Report - CCG Board representatives will lead on Francis and will commit to reporting to the Board
- BHRUT - A further CQC inspection visit is scheduled in October and the outcome of this inspection will be reported.
- PCT/CCG – This transition has seen a change in representation and the Board have been assured of governance, frameworks and safeguarding policies in place so far.
- Self-Assessment – provider Self-Assessment report shows the CCG and health providers are effective in processes overall to safeguard adults. All Board partners will be expected to complete a Self-Assessment for their organisation.
- MERLINS – Concerns were raised relating to the volume, format, content and delay of the MERLIN referrals and the possibility of volume overwhelming MASH.

Serious Case Reviews

Inappropriate Discharges – The Board have been made aware of 3 LD cases of inappropriate discharges and have requested a more detailed report for the next Board meeting.
Board Future Actions – The Board's structure will be revised to include an additional subgroup to enable serious cases to be reviewed and highlighted for Board action.

Board Development

Outcomes of the Development Day – The outcome highlighted that the Board have not been working strategically and it was evident that immediate actions were required to ensure the SAG is fully enabled and aware to carry out its responsibilities within Havering, ready for statutory status.

Phase 1 Actions – On target to achieve.

60 **ANY OTHER BUSINESS**

None.

61 **DATE OF NEXT MEETING**

Members of the Board were asked to note that the next meeting would be held on 12 November 2013 at 1.30 pm.

Chairman

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