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HEALTH & WELLBEING BOARD

AGENDA

Wednesday, 12th June, 2013
1.30 - 3.30 pm

Commitee Room 2 - Town Hall

1. CHAIRMAN'S ANNOUNCEMENTS

   The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

   (If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

   Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

   Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 6)

   To approve as a correct record the minutes of the Committee held on 8 May 2013 (attached) and to authorise the Chairman to sign them.

5. MATTERS ARISING/REVIEW OF ACTION LOG (Pages 7 - 8)

   To consider the Board's Action Log (attached)

6. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

   Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be.

Presentation by Alan Steward

7. JOINT STRATEGIC NEEDS ASSESSMENT

Update to paper submitted to May Board meeting.
Verbal report by Mary Black

8. WINTERBOURNE CONCORDAT

Progress report from the Havering Clinical Commissioning Group approach to care planning.
Written report to be tabled at the meeting

9. IMPLEMENTATION OF THE CHILDREN AND FAMILIES BILL (Pages 9 - 14)

Written report from Joy Hollister (attached)

10. NHS ENGLAND UPDATE ON SPECIALIST COMMISSIONING

Verbal report

11. ANY OTHER BUSINESS

12. DATE OF NEXT MEETING

The Board is asked to note that the date of the next meeting is scheduled for 10 July 2013.

MINUTES OF A MEETING OF THE HAVERING HEALTH & WELLBEING BOARD

8 May 2013,
1:30 pm – 3.22 pm
Havering Town Hall, Romford

Present

Cllr Steven Kelly (Chairman) Deputy Leader of the Council, LBH
Cllr Andrew Curtin, Cabinet Member, Town and Communities (Culture), LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Conor Burke, Accountable Officer, Havering CCG
Dr Gurdev Saini, Board Member, Havering CCG
Dr Mary Black, Director of Public Health, LBH
Joy Hollister, Group Director, Social Care and Learning, LBH
John Atherton, NHS England
Anne-Marie Dean, Healthwatch
Alan Steward, Chief Operating Officer (non- voting) CCG

In Attendance

Julie Brown, HWB Business Manager, LBH
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH.
James Goodwin, Committee Officer, LBH (minutes)

Apologies

Cllr Lesley Kelly, Cabinet Member, Housing, LBH
Dr Atul Aggarwal, Chair Havering CCG
Cheryl Coppell, Chief Executive, LBH

10. MINUTES OF LAST MEETING

The Board agreed the minutes of the meeting held on 10 April as a correct record.

11. MATTERS ARISING

Abdominal Aortic Aneurysm Screening Programme

The screening programme had been presented to local GPs. There was concern that with Centres of Excellence being located in Central London it became more difficult to develop specialist services locally. Healthwatch indicated that they could understand the benefits of centralising surgery but were of the opinion that a significant proportion of the surgery which could still be carried out locality. Consideration needed to be given to the needs of the patient, the cost of travelling to and from Central London could be

expensive and the travelling could be tiring and upsetting if it followed major surgery. These were issues which need to be considered by NHS England.

The three year plan for configuration had been signed off by the Secretary of State for Health. In support of these, local Trusts needed to produce Strategic Plans which would indicate which services they wished to provide locally. It was anticipated that the Strategic Plan for Barking, Havering and Redbridge University Hospital Trust (BHRUT) would be available in June. BHRUT might not wish to provide these services locally.

These specialist services would be commissioned directly by NHS England.

It had to be recognised that Queen's Hospital was a very expensive PFI hospital and an economic use of the premises needs to be found.

Once the screening was completed the patient would be referred back to the GP to arrange for the operation to be undertaken at the Centre of Excellence.

ACTION: The Director of Public Health would compose a set of notes for the NHS England representative on what should be discussed with the Board..

Substitute Members

Only the CCG members could send a substitute to the meeting.

Measles outbreak

The CCG and Director of Public Health had looked at the implications of the measles outbreak in Wales, for Havering. The Director of Public Health was able to give an assurance that all GP's in the area were ready to tackle any outbreak locally. Such was the effectiveness of arrangements locally the Director of Public Health was advising the Department of health on how to write up systems.

Locally nearly 90% of under 5's had been inoculated. The problem area was the 16/19 age group where only 30-50% were immunised. Plans are in place to tackle this gap.

12. PRIORITY 2: IMPROVED IDENTIFICATION AND SUPPORT FOR PEOPLE WITH DEMENTIA

Consideration of the report was deferred until the next meeting.

13. FUTURE DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Moving forward local authorities and Clinical Commissioning Groups share joint responsibility for preparing and demonstrating the use of the JSNA to inform commissioning decisions. The latest guidance recommended the establishment of strong working partnerships with the local Healthwatch organisation to ensure that views were fed in through the community participation process.

The new requirements for the production and use of the JSNA were:

- Statutory duty on Local Authorities (including Public Health) and NHS Clinical Commissioning Groups, fulfilled through Health and Wellbeing Board
- Relatively high **organisational significance**
- Integral to new-decision making forums
- More involvement of the local community in development of the JSNA through the Health and Wellbeing board (Health Watch representative)
- Robust link to commissioning
- Resource mapping to complement integrated planning and commissioning agendas
- Focus on community 'assets' and ''deficits'
- A wide range of partner engagement
- Moving from 'snapshot' to 'trend' data, using both quantitative and qualitative data

Whilst the JSNA contained a lot of useful data, the discussion stressed that there needs to be a clearer statement of what needs to be done to address the issues highlighted. It was felt the JSNA should include examples of not just what is wrong but also areas of resilience in society.

The concept of 'deep dive' chapters was supported but to avoid a dilution of effort a smaller number of issues needed to be identified.

Reference was made to work being undertaken in Camden in the form of a Data 'Hack-a-thon', when the authorities' data would be made available to everyone. Everyone was facing the same problems of data overload and The Director of Public Health has submitted an abstract to be considered at the Public Health England conference later this year.

The JSNA needs to be linked to the Health and Wellbeing Strategy; therefore it needs to be reviewed one year before the Strategy is reviewed to help inform the strategy. A timetable needs to be drawn up to ensure

deadlines are not missed. We also need to timeline 'deep dives' so they fit in with the reviews.

It was agreed that the Director of Public Health should chair the JSNA sub group.

ACTION: That a further report be brought to the next meeting addressing the issues raised with the current JSNA.

14. HEALTH & WELLBEING BOARD SUB STRUCTURE GOVERNANCE AND TERMS OF REFERENCE

The report outlined the process and having considered the report it was agreed that it was not necessary to form an Integrated Care Group nor a Hospital Performance Group as the work proposed for these bodies was being picked up already. It was also highlighted that the proposed Health Protection Forum should not be a direct sub-committee of the Health and Wellbeing Board.

Given the tight turn around between Board Meetings it was important the Board had a clear Work Plan in place.

ACTION: It was agreed that Joy Hollister, Mary Black and Alan Steward should get together and develop a work plan. Similarly the key meeting between cycles was the clearance meeting when officers met the Chairman to clear reports. How officers reached this point was unimportant to the Board, what was needed was an assurance that a process was in place to ensure the Board received reports in a timely fashion.

15. DEMENTIA FRIENDLY ENVIRONMENTS: CAPTIAL INVESTMENT AND PILOT SCHEME INITIATIVE

The Board noted progress with the Four Seasons Gardens project.

16. <u>DISCHARGE PLANS FOR PEOPLE WITH LEARNING DISABILITIES</u>

The Board was updated on progress on the Winterbourne Concordat. This involves identifying those patients with learning disabilities and highly complex needs who need to be discharged from long stay hospitals. 9 persons had been identified who required discharge and a person-centred plan must be in place for these people by the end of June 2012. However, there was some concern as to whether as partners we had sufficient capacity or the right services locally to meet their highly complex needs.

ACTION: A report would be submitted to a future meeting identifying the current progress of the plans, where we are now, and the cost which would be shared by the Council and the CCG in the form of Pooled budgets. A

bigger piece of work was required to develop long-term plans for those with learning difficulties.

In addition we have a moral duty to develop plans for those diagnosed with dementia.

All plans would need to be underpinned by advocates for the clients. A briefing would be provided for the chairman on where we are and a paper would be submitted to the next meeting of the Board.

17. WELL MAN SCANS

The chairman mentioned that he had seen proposals for voluntary checking for dementia in all men between 50-75. Did the Board think this was right and if it was where was the funding to come from?

The CCG representative advised that this was in addition to the work of the memory clinics which were already oversubscribed. GS informed the Board that GP's were being required to undertake dementia screening for all patients between 50 and 75 who have a long term illness. This was part of the government's proposals to encourage Primary Care to do better. This had not started yet as GP's needed to be trained in how to do the memory tests.

If the screening revealed a patient was suffering from dementia who was responsible. The Director of Public health advised that this was in her remit. And she would present a paper to the next meeting of the Board.

18. HEALTHWATCH

AMD provided an update on the work of Healthwatch.

They had expressed concern around nursing homes and were to meet the CQC to discuss issues which had arisen

By the beginning of June they anticipated being in their own offices and would be looking for 13/15 senior volunteers.

19. DATE OF NEXT MEETING

The Board noted that the next meeting was due to take place on Wednesday 12th June 2013.

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Health & Wellbeing Board

Action Log

Minute Ref	HWB Meeting Date	Agenda Item	Actions	Estimated Completion by	HWB Lead / Actioning Officer	on future agenda?	Date Complete
S107	14-Dec-12	Emergency Hormonal Contraception	Scoping report to be produced	Jun-13	M Black	Yes Jun-13	
S139	13-Mar-13	North East London Abdominal Aortic Aneurysm Screening Programme	Dr Durka and colleagues were asked to present details of the programme to the East London LMC to ensure clinicians were fully aware of the programme (complete). A proposal due back to a future HWB.	tbc	Dr Aggarwal	Yes tbc	
S140	13-Mar-13	Cancer Urology	the Board wanted to clarify: 1) the process, i.e. who implements the decision, what consultation has taken place and who makes the decision 2) the content of the proposals. With this information, the HWB would develop a joint response.	Apr-13	Dr Aggarwal / Dr Tran	No though report to be drafted & circulated	
5	10-Apr-13	Integrated Care Strategy	ICM Review to be undertaken in Oct-13 and outcome to be reported to HWB	Nov-13	A Steward & J Hollister	Yes Nov-13	
5	10-Apr-13	Integrated Care Strategy	Total Place Cost Modelling to be undertaken for one theme under ICS	Nov-13	A Steward & J Hollister	Yes Nov-13	
6	10-Apr-13	HWB Strategy - Priority 2 Dementia	Prepare position statement on Dementia Care Pathway in Havering	tbc	J Hollister, M Black & A Steward	Yes tbc	
tbc	08-May-13	Abdominal Aortic Aneurysm Screening	The Director of Public Health agreed to compose a set of notes for the NHS England representative on issues the Board would like to raise.	Jun-13	M Black	Yes Jun-13	
tbc	08-May-13	JSNA	We have asked that a further (verbal) report be brought to the next meeting addressing the issues raised with the current JSNA.	Jun-13	M Black	Yes Jun-13	

Health & Wellbeing Board

Action Log

Minute Ref	HWB Meeting Date	Agenda Item	Actions	Estimated Completion by	HWB Lead / Actioning Officer	on future agenda?	Date Complete
tbc	08-May-13	HWB Governance	It was agreed that Joy Hollister, Mary Black and Alan Steward get together and pull together a work plan. Similarly the key meeting between cycles was the clearance meeting when officers meet the Chairman to clear reports. How officers reach this point was unimportant to the Board, what we needed was an assurance that a process was in place to ensure we received reports in a timely fashion.	Jun-13	M Black / A Steward / J Hollister	Yes Jun-13	
tbc	08-May-13	Winterbourne	A report on the Winterbourne Concordat would be submitted to a future meeting identifying the current progress of the plans, where we are now, and the cost which would be shared by the Council and the CCG in the form of Pooled budgets. A bigger piece of work was required to develop long-term plans for those with learning difficulties.	Jun-13	J Hollister	Yes Jun-13	

Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Key Implications of the Children and Families Bill for the Local Authority and Health Sector in Havering
Board Lead:	**Joy Hollister**
Report Author and contact details:	Mary Pattinson Head of Learning and Achievement Mary.pattinson@havering.gov.uk Tel – 01708 433808

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- ☐ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☐ Priority 5: Better integrated care for the 'frail elderly' population
- X Priority 6: Better integrated care for vulnerable children
- ☐ Priority 7: Reducing avoidable hospital admissions
- ☐ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The Reports sets out the main elements of the Children and Families (SEND) Bill and describes some of the main implications and issues for the local authority and health sectors in Havering to consider.

It encourages a continuation of current joint working between health commissioners and local authority education and social care teams as each element of the new statutory requirements are implemented.

This should ensure a smooth transition to the new ways of working and better improved processes for children and young people with SEND and hence better outcomes.

RECOMMENDATIONS

To note the contents of the Report and to encourage the joint working arrangements between health commissioners and local authority education and social care teams as new ways of working and joint commissioning arrangements between education, health and social care are developed.

REPORT DETAIL

The Special Educational Needs and Disabilities (SEND) section of the Children and Families Bill (the Bill) has arisen out of the Green Paper Support and Aspiration which was published in March 2011. The intention of the legislation is to create a more family friendly SEND process which draws together the support a child requires across education, health and care (EHC). Statements of Special Educational Needs, which are mainly education documents, will be replaced by a single plan called an Education, Health and Care plan. The legislation is currently going through parliament and is likely to become law early next year. The draft regulations and Code of Practice (COP) have now been published and have a provisional September 2014 implementation date. The following notes are a summary of perceived current issues after meetings with LA officers, the voluntary sector, parents, head teachers and professionals from NELFT.

1) Integration of Education, Health and Social Care

Clause 25 of the Children and Families Bill requires Local Authorities to ensure the **integration of education, health and social care** for children and young people with SEND up to the age of 25 where it thinks that this would:

a) promote the well-being of children and young people in its area who have special educational needs, or

b) improve the quality of special educational provision:

   i) made in its area for children or young people who have special educational needs, or
   ii) made outside its area for children or young people for whom it is responsible who have special educational needs.

The regulations say that the designated medical officer for SEND must ensure the integration of health across health, education and social care.

Issues: There are currently no integrated formal systems with health for keeping data, sharing budgets, and commissioning services although for the youngest children there are systems that work reasonably well through custom and practice.

There is no permanent designated medical officer as the post has been held by locums.

2) Joint Commissioning Arrangements

Clause 26 says there must be **joint commissioning arrangements** between education, health and social care for considering and agreeing:

a) the education, health and care provision reasonably required by the learning difficulties and disabilities which result in the children and young people concerned having special educational needs;

b) what education, health and care provision is to be secured;

c) by whom education, health and care provision is to be secured;

d) what advice and information is to be provided about education, health and care provision;

e) by whom, to whom and how such advice and information is to be provided;

f) how complaints about education, health and care provision may be made and are to be dealt with;

g) procedures for ensuring the disputes between the parties to the joint commissioning arrangements are resolved as quickly as possible.

Issues: There is currently no joint commissioning for SEND children's services. The therapy services provided by NELFT are not sufficient for the needs of the SEND children.

3) Single Assessment Procedure

The draft Code of Practice says that there must be a **single assessment procedure** (involving parents and children) on which health, social care and education agree so that families do not have to repeat their story and appointments are kept to a minimum. This must result in an outcomes based single Education, Health and Care (EHC) plan document which draws together the support and resources required across education, health and social care as well as leisure and voluntary sector activities as appropriate. During the debate in Parliament on the Bill the Government has accepted an amendment from their own party which will compel health to provide what the disabled child needs to achieve the outcomes in the plan.

Issues: There are no systems for ensuring that other children with disabilities receive "joined up" support from health and the LA. There are no commissioners involved in discussions of children's needs and no mechanism to involve them if NELFT do not have the resources to provide the services required.

4) The Local offer

Clause 30 says that Local Authorities must publish a **Local Offer** to enable parents to understand what is available and how it can be accessed. This has to include health services and must include how these services are accessed.

Issues: It is relatively straightforward to list the services provided but would be difficult to show how therapy and other health services are accessed as their provision does not appear to be consistent nor sufficient.

5) A Mediation Service

Clauses 51 and 52 refer to an **independent mediation service** for when agreement cannot be reached. Any mediation advisers and independent persons must not be employed by the local authority. Parents must be offered the service where there is a disagreement about the content of the plan although if the disagreement is purely about the school parents can opt for tribunal.

Issues: Throughout the Bill, draft regulations and COP the wording is about mediation for issues concerning the EHC plan. As there is no differentiation between education, health and social care issues it appears that where there are issues about the level of health service, that the LA will have to provide mediation for, and therefore health could be compelled to provide services or face tribunals.

6) Personal Budgets

Clause 48 says that there must be a means by which to offer **personal budgets** to families which includes direct payments for health and education as well as social care.

Issues: This is a flagship proposal by the Government and it is clear that they will be pushing for the development of a private market so that parents can purchase services which are not readily available through the Local Offer. It is not yet clear whether parents will have to be offered what the service costs to purchase or the equivalent of what is spent at the moment, and this could be an issue, particularly for therapy provision unless sufficient service can be provided through the Local Offer. In Pathfinder areas there have been issues with the viability of block contracts as parents have chose to purchase services themselves.

IMPLICATIONS AND RISKS

Financial implications and risks:

Although there are no direct implications arising from the report recommendations, the Children and Families Bill is far reaching and will reform the systems for adoption, looked after children, family justice and special education needs. Therefore the financial implications will be many and are not yet fully scoped or

quantifiable. This report and the implications arising focus on the main elements of the bill.

The replacement of statements with a new birth to 25 Education, Health and Care plan will carry resource implications, as there will be the need to set up formal integrated systems, and to establish a permanent designated medical officer.

The joint commissioning arrangements again carry resource implications, as new systems will need to be established. Arrangements will need to be properly underwritten to avoid any ambiguity.

The single assessment procedure requires cross agency working with parents and children, there are resource implications in setting up new systems to accommodate this assessment process.

The resource implications regarding mediation will sit with whichever independent body is called to act as mediation advisor.

There are clear financial implications when implementing personal budgets and direct payments, both in terms of administration and allocation of budget amount. It is expected that regulations on the provision of personal budgets will follow.

It will be vital that the Council has the legal, administrative and financial means to carry out the new duties, particularly in relation to improving health provision for disabled children and children with SEN.

London Councils are asking for Minister's assurances that the delivery of new SEN duties will be funded by Central Government. There is the risk that if sufficient funding does not follow the new responsibilities local authorities could struggle to deliver the new duties, particularly in the present context of overall budget reductions.

Legal implications and risks:

The current Bill has yet to reach its Report Stage in the House of Commons and therefore there is the potential for the Bill to be delayed or modified before it passes into law.

The Board has the power to encourage organisations involved in the provision of any health and social care services in the borough to work in an integrated manner.

There are no apparent legal implications in noting the contents of the report and encouraging the joint working between agencies.

Human Resources implications and risks:

There are no direct HR implications or risks identifiable from the issues highlighted, or the recommendation made, in this report. As the work to explore the impact of

the new Bill progresses, and any implementation work is prepared for completion within the Council, potential or actual outcomes as they affect the workforce will be addressed in line with the Council's HR Policy and Procedure framework, where applicable.

Equalities implications and risks:

There are no direct equalities implications arising from this report. However, the report outlines key changes in Children and Families legislation and identifies significant implications and issues for the local authority and health sector in Havering that could potentially have equality and social inclusion implications if health commissioners and local authority education and social care teams fail to implement effective joint working and commissioning arrangements. The report therefore recommends continuation of current joint working between health commissioners and local authority education and social care teams throughout the implementation of the new statutory requirements. It is envisaged that this approach will ensure a smooth transition to the new ways of working, improved processes and better outcomes for children and young people with SEND.

BACKGROUND PAPERS