MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
11 March 2015 (1.30 - 3.45 pm)

Present:

COUNCILLORS

Conservative Group Steven Kelly, Wendy Brice-Thompson and Meg Davis

Residents' Group

Labour Group

Independent Residents Group

Apologies were received for the absence of Councillors Cheryl Coppell and Burke.

All decisions were taken with no votes against.

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

99 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised of arrangements in case of fire or other event that would require the evacuation of the meeting room.

100 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Conor Burke, Cheryl Coppell and Andrew Blake-Herbert.

101 **DISCLOSURE OF PECUNIARY INTERESTS**

No pecuniary interests were disclosed.

102 **MINUTES**

The minutes of the meeting held on 11th February 2015 were agreed as a correct record and signed by the Chairman.

103 MATTERS ARISING

Item 90: The trust had reached 95% in hospital admissions being seen in a timely manner. 92% was an average for the trust overall. The trust had seen a significant improvement, which was excellent news. There was a 1 – 2% differential between Queens and King Georges Hospitals on a daily basis, with both hospitals achieving the top spot.

Attendance had gone up overall, as per expectations of this time of year, however the increase was not as high as it potentially could, if work had not been done to divert patients to Primary Care options before A&E.

Alan Steward agreed to bring statistics of the GP surgeries, A&E attendance etc, and a snapshot of the picture, at the beginning of the summer. A briefing on the travel, and formal delay transfers was also requested.

New practices would take time to show through fully in the statistics.

Councillor Kelly gave big thank you and congratulations to all front line staff who had implemented the change.

Item 93- Some minor issues remained with the domestic Violence strategy, but this was a big success story

Item 94- Some lingering questions had not yet been answered regarding the Primary are strategic Commissioning Framework. The tone of the delivered presentation had seemed to be aspirational, lacking direction, outcomes and plans. John Atherton advised he would confirm if the report was aspirational or if it was a project in progress. A short update to the May meeting was requested.

Item 95- The Health & Wellbeing strategy was received on the prior Monday. The up to date actions and strategy were to be brought to the May meeting.

The Action log was to be properly reviewed at the next meeting. Joy advised that there was no security at St. Bernards Housing on the site, and confirmed that she had not as yet discussed the Domestic Violence Strategy with the chairman.

104 DRUGS AND ALCOHOL STRATEGY SCOPING ACTIVITY

Considerable work was required over the coming two years in treatment and support, for the health needs of people with drug and alcohol problems. Work had previously been paused but was being resurrected.

Sue Milner was revisiting the proposal to deal with the issues. The proposed strategic document fit in with the architecture of other boroughs.

The two Strategies were intended to be interrelated sister documents- one regarding alcohol, one regarding drugs. They were not as one document as they had different target groups and different methods of dealing with the issues.

Alcohol Strategy

The main areas to be covered in the alcohol strategy were:

- The patterns of alcohol use , and consequences for health, wellbeing, social and economic cost
- Positives of alcohol such as the social, cultural and economic, including the night-time economy of the borough
- Capacity for identification, advice and support
- Intervention and prevention pathways, including support from mainstream services.
- Licensing and enforcement
- Community safety.
- Passive drinking (damage caused to others from an individual's alcohol consumption)

Drugs Strategy

The scoping planned a similar but not identical strategy, including identify risk including identify the gateway drugs. The main areas to be covered in the drugs strategy were:

- Patterns of drug use in Havering and consequences for health, wellbeing and social and economic cost
- Drug awareness and education
- Early identification and intervention
- Better coordinated intervention pathways
- Harm minimisation initiatives
- Enforcement activities with consideration for illegal drugs, policing would also be incorporated within the consideration
- Collateral damage caused by drugs misuse on families and the community

Next steps

Two task/ finish groups were to be established to drive forward the strategies, with a governance structure set up to reinforce the messages.

The bespoke group was required to feedback to both the Community Safety Team and Health and Wellbeing Board.

Drugs and Alcohol prevention and treatment was an expensive area to work within.

It was suggested to incorporate the Youth Justice Board and Youth Offending Service in the strategy, to make best use of resources.

The misuse of prescription drugs was required to be included within the strategy, but required a different approach. Preventative action, and savings of the better management of prescription drugs were key areas to be included, in addition to the national advice on prescribing drugs. As this was to be included, over the counter drugs and legal highs were also advised to be incorporated.

Progress was to be reported back to the Board in June 2015.

105 INTEGRATED MASH PILOT- INITIAL EVALUATION

The initial draft of the integrated MASH pilot had been received. Further work was to be done on the information. Evaluators had problems getting stakeholders to feedback from the MASH including the virtual partners.

Due to these issues, the time scales had been extended. The steering group had not completed their review of the information. There was a collective support of the concept. The general view of the facilitation, data gathering, identifying and acting on issues were all smoother and quicker.

There was a more person centred ethos, where teams were working well. There was a weaker relationship with the virtual partners than with the co-located partners. Before the MASH, mental health colleagues often failed to attend meetings, but it was established and they routinely attended meetings. There was a better understanding of each other and the community, and reports were that it was a “better than the past six years”.

MARAC had improved the information on gang activity and affiliations.

The organisations were improving their ‘common language’ (for example a ‘safeguarding concern’ for the Police was a much lower level than for the social care team, but this was improving.

The staffing within Virtual partners could be a problem when their were replaced and not communicated, or when the positions were not filled.

There were continuing issues with the IT issues, as the systems didn’t talk to one another. Staff had to extract information from the datasets and physically share them. A small number of companies had been in contact with the purpose of developing an integrated system for the borough, which could potentially be rolled out nationwide.

The advice line was instrumental in reducing inappropriate referrals.

The number of initial contacts that had transferred to the Safeguarding Adults team had risen 16%, primarily through the increase in contacts from carers, residential workers and domiciliary workers.

Since safeguarding advertising was introduced, the number of safeguarded children had increased by 8%. Adults information was impacting on the rate of children.
There was a lower proportion of NFA's (No Further Action) at 5%. There was a much higher proportion of children's queries going to the correct place, with 40% of referrals going to early help. 94% of all enquiries went on to a full assessment.

Repeat contacts were decreasing within Children's, but were increasing within adults. Predominantly this was via the police, as multiple instances were being referred through the MASH (due to a directive being followed where all instances are to be referred) causing duplicates of the same family. Police officers were doing their best to filter out cases that should not be referred to the MASH.

A full report would be provided once ready.

A list of who had been asked to participate was agreed to be circulated.

Access to A&E data was in progress to be picked up.

Measures to avoid items that shouldn't be referred to the MASH were discussed. This had to be reconsidered.

Extra money was received from MOPAC for Domestic Violence. This was useful as it meant three additional Independent Domestic Violence Advocates (IDVA's) were able to be appointed.

106 PRIMARY CARE COMMISSIONING ORCHARD VILLAGE

A report was enclosed for the proposals of the Orchard Village development, including the progress and business case. Gill Wilson was requested to attend the 29th April chairman's briefing, to provide a more detailed plan and for a more detailed update.

There was no intention to close Orchard Village. The existing service was to be maintained in its current location. There was a short closure in which patients were diverted to another service offered by the same provider in Harold Wood. Work to identify a more local alternative in emergency situations was to be completed, ideally in South Rainham.

A suggestion was made that the CCG were paying for a fully-equipped South Hornchurch building but were not using it. Alan Steward agreed to look into the claims and ascertain if this was true, and if so, to ensure the Capital Estates and finance team maximised the use of the building. Alan agreed to update in a few months.

Rainham was the greatest area of deprivation in the borough, and no main surgeries were within a mile of the site.

In order to move forward as quickly as possible, strategic planning where the Rainham CCG attend was required.

The chairman requested a 'plan B' for the south of the borough, for the event that the plans were refused or delayed.

John Atherton agreed to take the queries back, as he personally couldn't advise of an alternative plan. Gill would be able to answer the queries more directly when she attended.

A new facility would be 12 to 18 months before it was open, so an interim measure was required. Alan Steward was to advise on any movement on what the interim measure would be.

The present building was not fit for purpose. There was massive growth in the area, and any planning needed to make sure the site would have scope for additional patients on top of the existing demand, in order to future proof the plans. Discussions would take place outside of the Health and Wellbeing Board to devote extensive time to this subject.

107 **ANY OTHER BUSINESS**

Federation Hub (Astra Close)

Councillor Kelly enquired of the existence of a seven day a week GP surgery in Astra Close.

Healthwatch Havering advised that at the recent over fifties forum, 83 out of 91 residents were in favour of the hub.

Posters were going out to advertise the existence of the hub, and to ensure doctors were fully aware of how it worked.

The intention was for residents to consider the Hub a natural extension of their GP practice.

Appointments at the hub could be booked both by GP surgeries and by '111'. A&E and the Urgent Care Clinic had access to the patients information, if they had given prior permission.

The Prime Ministers Challenge Fund had given funding for two years, of which one year was remaining. The CCG were committed to the project and would see it continue.

A high number of GPs were heading to retirement. The hubs would share some of the burden of patient numbers as GPs retired. This item was to be further discussed in May.

Review of function of Health and Wellbeing Board

The chairman requested a review of the function of the Health and Wellbeing board, to take stock and review where the board was, and where it should be. A balance between operational and strategic review was sought.

Sue Milner and Councillor Kelly were to discuss the details, then an invite was to be shared for the following chairman's briefing/ meeting when the item was to be discussed.

Pharmacy

Concerns over the hospital and community pharmacies were still unresolved.

Hospital discharges were done at 6pm, so patients left with medication. If patients required Dosette boxes, the Pharmacy would not use drugs that they could not be sure of the origin. Often hospital drugs were thrown away and reissued by the pharmacy with a GP prescription. In order to stop wastage and improve the service, consideration was being given of how to tackle the issues.

Alan Steward agreed to scope what was required for the planning of hospital pharmacy discharges.

108 **DATE OF NEXT MEETING**

The next meeting would be held on Wednesday 15th April 2015.

Chairman