

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
21 September 2016 (1.00 - 2.51 pm)**

Board Members present:

Councillors Wendy Brice-Thompson (Chairman) Roger Ramsey, Robert Benham and Gillian Ford

Elaine Greenway, Acting Consultant in Public Health, London Borough of Havering (EG)*

Barbara Nicholls, Director of Adult Services (BN)

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG) (AA)

Dr Gurdev Saini, Board Member, Havering CCG (GS)

Alan Steward, Chief Operating Officer, Havering CCG (AS)

Anne-Marie Dean, Chair, Healthwatch Havering (AMD)

Fiona Peskett, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)** (FP)

Jacqui van Rossum, North East London NHS Foundation Trust (NELFT) (JVR)

*Substituting for Dr Susan Milner, Interim Director of Public Health

** Substituting for Matthew Hopkins, Chief, executive, BHRUT

Also present:

Mary Phillips, Assistant Director, Learning and Achievement (MP)

Philippa Brent-Isherwood, Head of Business and Performance (PBI)

Gloria Okewale, Support Officer, Public Health (GO)

Mayoor Sunilkumar, Senior Public Health Analyst (MS)

Anthony Clements, Principal Committee Officer (AC)

One member of the public was also present.

All decisions were taken with no votes against.

12 WELCOME AND INTRODUCTIONS

The Chairman announced details of the arrangements in case of fire or other event that might require evacuation of the building.

13 APOLOGIES FOR ABSENCE

Apologies were received from Andrew Blake-Herbert, Chief Executive, Susan Milner, Interim Director of Public Health (Elaine Greenway substituting) Tim Aldridge, Director of Children's Services, Conor Burke, BHR CCGS and Matthew Hopkins, BHRUT (Fiona Peskett substituting).

14 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

15 MINUTES

The minutes of the meeting held on 20 July 2016 were agreed as a correct record and signed by the Chairman. There were no matters arising not covered elsewhere on the agenda.

16 ACTION LOG

It was noted that the finalised Board terms of reference had been circulated to Board members as agreed.

The draft of the refreshed Joint Health and Wellbeing Strategy would be circulated after the meeting and comments invited.

17 COMBINED UPDATE ON ACO/STP

The local Sustainability and Transformation Plan (STP) was at framework level and covered the whole of North East London. The STP is the mechanism for delivering the NHS 5 year Forward View and a draft business case had been submitted at the end of June. A further submission was due by 21 October which would address, as requested, the impact of the plans on quality of care.

Havering was involved with a Democratic Oversight Group looking at governance issues regarding the STP. AS added that a number of different workstreams had been set up in order to deliver the plan covering areas such as A & E, planned care, prevention and IT issues. A successful three-borough workshop had been held on how improvement could be delivered and it was emphasised that Councils had a key role to play in this.

Support had been received from the Local Government Association to deliver a major workshop covering readiness of all relevant parties for the

proposals. BN added that updates on governance issues would be brought to both the CCG and the Council. Priorities for Havering under the STP included work with children and families and frailty issues.

AS added that engagement was planned with local people and communities. It was necessary to develop however how this would be carried out. Councillor Ford felt that social media could assist with this. AMD felt that it was important that local messages from the STP were also focussed upon. A wider meeting was planned in the next 2-3 weeks to discuss how best communities could be engaged with.

It was noted that the reference to Redbridge in paragraph 1.1 of the report should have referred to Havering. It was uncertain at this stage if there were any conflicts between the plans for the STP and the proposals around the work of the Accountable Care Organisation (ACO).

It was accepted that there was a lack of knowledge around the STP outside of the local Councils. Councillor Ramsey felt that public engagement should focus on succinct messages and a summarised version of the STP should be developed for the public. AS agreed to note this.

18 SEND INSPECTION AND NEEDS ASSESSMENT

MP explained that Children and Families services were preparing for a future inspection by Care Quality Commission and OFSTED. The inspection had a wide-ranging scope covering SEND outcomes from 0-25 and included such topics as understanding local need, education, health and care plans, and joint commissioning. The scope of the inspection covered all children with an identified special need and was not restricted to those with Education, Health and Care Plans etc. The organisations that anticipate being inspected include the local authority, those in the youth justice system, CCG, NHS England, health providers, early years settings, schools and further education colleagues

Reports of most previous inspections in other areas were available and five days' notice of the start of the inspection would be given to the Council and CCG. Inspectors would expect evidence-based information, including sharing of information. The inspectors would meet with providers and commissioners as well as parents, carers and children & young people themselves. Officers had put in a great deal of work in order to be ready for the inspection and the implementation of the Children and Families Act.

It was emphasised that the Children and Families Act aimed for children to be prepared for an independent adulthood. All working was required to be joint between education, health and social care. The Local Offer for Havering would therefore be closely inspected.

Associated risks included a need to articulate funding challenges and low numbers of personal budget holders, although the Council wished to increase this. Other risk areas included the transition process, a lack of

evidence of joint commissioning taking place and not having a live system of tracking from pre-birth onwards. It was recognised that integration could be improved, including for example integration between early years providers and health visitors.

Joint working for commissioning, assessments and an integrated 16-25 provision also needed to be addressed. ICT needed to be used as part of the solution around joint assessments given the limited time and other resources available to GPs, physios etc. MP felt there was a full commitment to addressing these issues. Next steps included the appointment of an officer to support inspection preparation.

MP felt that other inspected authorities had received similar results around joint working and the inspection team would not be expecting all issues around Children and Families to be fully resolved at this stage.

Councillor Ramsey felt it was important to show if Havering was making similar progress to other Local Authorities. MP felt Havering was in a similar position to other Council areas. The inspection report would identify areas where progress needed to be made, rather than make judgements.

MP would bring to a future meeting of the Board the self-evaluation that had been worked on with the CCG. It was confirmed that there was a list of services commissioned for children and the delivery plan was being written at the same time.

Data sharing was difficult to implement fully at present due to there being a number of different ICT systems across the various organisations that did not fully communicate with each other. MP gave an example where children's pupil numbers did not match up with their NHS number. AS felt that this was an area that could be developed as part of the ACO programme of work.

It was explained that local SEND data was gathered from many different organisations. There had not been any SEND data gathered nationally although the Department for Education was now producing outcome tools for this area. The SEND needs assessment (part of the Joint Strategic Needs Assessment) also made a series of recommendations covering strategic, service and technical issues.

AM felt that some key issues re SEND included immunisation, access to annual health checks and equipment. MP added that there was only a low number of occupational therapists available and it was important to use resources in the right way.

A question was asked about frequency of data being updated for SEND. MP clarified that data would be updated on an annual basis. A further query was raised about school exclusions for SEND. MP agreed to revise the Executive Summary to include reference to state schools.

Action: Revised Executive Summary to be circulated to Board Members.

19 TRANSFORMING CARE PARTNERSHIP - FOR SIGN OFF

BN explained that this was a national initiative supported by the Local Government Association and the Association of Directors of Adult Social Services, following the Winterbourne View review of incidents of abuse at a care home. The programme had led to the establishing of Transforming Care Partnerships (TCPs) in local areas.

Havering's TCP includes partnership working between the Council, NELFT, and NHS England which is responsible for specialist commissioning.

Locally, this work aimed to make respite care more readily available and provision across Havering, Barking & Dagenham and Redbridge would be looked at in order to get the maximum from community services.

It was noted that, as of March 2016, there were a total of 26 people receiving in-patient care services with 8 of these from Havering. These figures had increased slightly during 2016-17 but remained low overall. The aim of the TCP was to introduce facilities that would allow people to be discharged sooner and be supported in the community. The new Havering facilities at Great Charter Close were an example of this. It was uncertain at this stage why more people from Redbridge were placed in secure settings but this was being investigated in conjunction with NELFT. In-patient services consisted of 11 beds at Goodmayes Hospital. Private secure in-patient facilities were also used although these could be very expensive.

The TCP would have governance links to the three local CCGs as well as relevant partnership boards. The TCP work also sat within that of the STP but work would only be carried out at a regional or London-wide level where it was felt it would be advantageous to do so.

The TCP programme plan had several key domains including co-production and it was accepted that fuller engagement with service users was required. An organisation that was experienced with working with people with learning disabilities had been engaged to ascertain what service users required.

The programme also aimed to keep people out of hospital settings and the reduction in the number of beds required would fund the work of the TCP itself. Some specialist units would still be needed although work was in progress with NELFT to remodel the way beds were used and hence reduce the amount of out of borough placements that were needed.

The new 16-25 provision at the Avelon Centre would be used more and a Cabinet report had been drafted concerning a proposed special school for very high needs autistic children. This would be a unit for 20-25 children that would lead to better outcomes.

An estates workshop for Barking & Dagenham, Havering and Redbridge was due to be held shortly in order to consider what facilities would be needed in the future.

The Board:

1. Received the final TCP plan submitted to NHS England on 11th April 2016 (now assured by NHS England).
2. Noted the programme plan now underway to deliver the TCP plan.
3. Agreed to receive an update in six months on ongoing progress against the delivery of the programme.

20 CCG ASSURANCE FRAMEWORK AND RATING

AS explained that Havering CCG's assessment had been downgraded from 'good' to 'inadequate' due to the referral to treatment (RTT) issues. The issuing of legal directions to the CCG regarding RTT had led to a new assessment. The CCG was developing a plan for ensuring that the 18 week RTT target would be met and this was due to be finalised by the end of September 2016. The 1,000 people who had been waiting in excess of 52 weeks for treatment had reduced to approximately 200.

The assessment had indicated that the CCG was excellent in other areas such as primary care. The new assessment framework, which was related to work on the STP and Five Year Forward View had prioritised three areas – dementia, learning disabilities and diabetes. The assessment had said that the CCG was performing well on dementia but that improved outcomes were needed for diabetes. Work on this was in progress across the three local CCGs and it was hoped this would lead to a better quality of life for people with diabetes as well as increased funding. AS would bring an update on this to a future meeting of the Board.

It was agreed that the Board should receive regular updates from AS and FP on waiting times for treatment, particularly those people who had been waiting more than 52 weeks. It was noted that the Health Overview and Scrutiny Sub-Committee was currently reviewing this issue in conjunction with Healthwatch Havering.

21 FORWARD PLAN (TO BE TABLED)

It was agreed that the following items should be added to the Board's Forward Plan:

Area Inspection of SEND Joint Self-Evaluation.
TCP six monthly update.
Update on Looked After Children.
STP/ACO update
An update on Referral to Treatment delays

22 DATE OF NEXT HEALTH AND WELLBEING BOARD MEETING

The next meeting of the Board would be on Wednesday 16 November at 1 pm at Havering Town Hall.

23 EXCLUSION OF THE PUBLIC

It was agreed that the public should be excluded from the remainder of the meeting on the grounds that it was likely that, in view of the nature of the business to be transacted or the nature of the proceedings, if members of the public were present during those items there would be disclosure to them of exempt information within the meaning of paragraph 3 of Schedule 12A to the Local Government Act 1972.

24 STP UPDATE

The Board was informed that NHS England had recently advised that draft STPs could now be made publicly available. BN would confirm if there was any consultation or engagement on the STP document currently planned. This also included the ACO work that had been undertaken.

The revised STP document would have the same priorities and BN would seek to share a draft of this with the Board for comment.

Chairman