

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
20 September 2017 (1.00 - 3.05 pm)**

Present:

Elected Members: Councillor Wendy Brice-Thompson (Chairman)

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Tim Aldridge (Director of Children's Services), Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health)

Havering Clinical Commissioning Group: Dr Gurdev Saini (Board Member Havering CCG) Louise Mitchell

Other organisations: Anne-Marie Dean (Healthwatch Havering) Carol White (NELFT)

Also Present:

Pippa Brent-Isherwood, Head of Business and Performance, LBH
John Green, Head of Joint Commissioning, LBH
Lee Salmon, Learning Disabilities and Autism Commissioning Manager
Caroline Penfold, Head of Children and Adults with Disability Services, LBH
Matthew Henshall, NELFT
Ian Tompkins, East London Health and Care Partnership
Elaine Greenway, Acting Consultant in Public Health, LBH

All decisions were taken with no votes against.

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

18 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Roger Ramsey, Robert Benham and Gillian Ford. Apologies were also received from Barbara Nicholls (Keith Cheesman substituting) Dr Atul Aggarwal, Conor Burke (Louise Mitchell substituting) Alan Steward Matthew Hopkins, Ceri Jacob and Jacqui van Rossum (Carol White substituting).

19 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

20 MINUTES OF LAST MEETING AND MATTERS ARISING (NOT ON ACTION LOG OR AGENDA)

The minutes of the meeting of the Board held on 19 July 2017 were agreed as a correct record and signed by the Chairman.

21 UPDATE ON REFERRAL TO TREATMENT DELAYS

It was noted that BHRUT had met the target of 92% of patients waiting less than 18 weeks for treatment in June 2017 and that this was ahead of schedule. Governance measures had been put in place by the Trust to track performance in this area and figures on this would continue to be provided in the performance dashboard until the Board decides that this indicator should be removed.

The Board:

- Noted that BHRUT had delivered the national RTT standard for June 17 (July data was not yet published nationally at the time of the meeting, but unvalidated data suggested the Trust had achieved the standard for a second month).
- Noted progress of RTT activity and the reduction in long waiting patients
- Noted progress with the clinical harm reviews of patients who had waited a long time for their treatment
- Noted the work and support BHRUT had given with the development of a system-wide RTT recovery plan in response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016.

22 LOCAL PLAN DEVELOPMENT

It was agreed that this item would be deferred to the next meeting of the Board.

23 JOINT COMMISSIONING STRATEGY

Officers explained that one aim of strategy was on building integrated services at locality level. Ongoing contract management was very important and a partnership approach was used with providers in order to achieve the desired outcomes.

Commitments in the Better Care Fund were also aligned with the joint commissioning strategy and it was also important to establish the correct interface with BHRUT. Opportunities were also being sought for joint commissioning with neighbouring boroughs.

It was accepted that there were conflicting priorities with the need to save money whilst ensuring a sustainable market that delivered safe, high quality care.

The strategy gave the direction of travel for commissioning going forward.

The Board noted the draft joint commissioning strategy.

24 TRANSFORMING CARE PARTNERSHIP: SIX MONTH UPDATE

The Transforming Care Plan had been compiled at the request of NHS England in response to the Winterbourne scandal to minimise / avoid the need to place people with learning disabilities out of borough. This review related to the first year of operation. There were three years left on the current plan and it was aimed to reduce the number of in-patients beds commissioned. There were currently 11 out of borough placements which it was hoped to decommission in due course if local provision could be strengthened. Further analysis was being undertaken of the likely cost of care.

It was accepted that housing issues were a significant pressure and officers also wished to improve workforce development. Progress reports were received via the Partnership Board.

It was suggested that future reports should give more details about which services were being strengthened. Housing issues could also be discussed with NHS Property.

Officers would circulate the full Transforming Care Partnership Plan stocktake report.

The Board noted the report and the current performance and progress that had been made in developing the BHT Transforming Care Partnership vision to date.

25 BETTER CARE FUND 2017-19 SUBMISSION

Due to the requirement to resubmit the plan by 25 September 2017, the Chairman had agreed to deal with this item as an urgent matter pursuant to section 100B (4) of the Local Government Act 1972.

The three-borough plan had been submitted to NHS England on 11 September. Following national guidance, the plan had included a forecast of local Delayed Transfers of Care (DTOCs) and this had indicated delivering the same level of figures as the previous year. NHS England had since asked for a stretch target of a further 8-9% reduction in the level of DTOCs and for figures to be broken down on a monthly rather than quarterly basis.

A seasonal profile had been submitted in the plan which met the overall target and any differences were accounted for in the submission narrative. NHS England had however responded that the forecast for DTOCs in November 2017 was non-compliant. If this target was not met, there was a

risk of Havering's funding being reduced and it had therefore been requested that the submission be changed.

Retaining the existing plan was likely to see funding reduced and expenditure of this being taken over by NHS England. Alternatively the submission could be changed to meet the DTOC target. It was noted that there had been new money for social care announced in the Budget statement and that the Local Government Association was no longer supporting the process which was controlled by NHS England.

The Board AGREED in principle to resubmit the plan and further agreed that the final decision be delegated to the Council Chief Executive in order to allow further discussion of the issue, including with the Board Chairman and the Leader of the Council.

26 CAMHS TRANSFORMATION

The CAMHS service was now housed in a new building and was fully integrated with the paediatric service. A different model of CAMHS service had also been developed with the establishment of an I-Thrive model. Three new staff had been recruited including a support time & resilience worker and there had been a lot of interest in the recruitment for the posts.

Local resources had been mapped in order to establish what support could be provided to young people. Children could now move more easily between different services offered under the model. A 'Silent Secret' phone app had also been developed by NELFT which covered how advice and care could be accessed by young people, including services available via Skype, Facetime etc. It was accepted that more promotion of the app was needed which could be linked with World Mental Health Day on 10 October and with the communications strategy for localities.

The crisis and acute provision for young people available at the Brookside Unit was also now under a new model. A home treatment team for children and young people had been introduced which helped keep children and young people out of hospital beds. A visit to view the Brookside unit could be arranged for Board members.

Self-harm was an continuing issue for children . It was highlighted that personality disorder is not diagnosed in children and adolescents because symptoms evolve throughout formative years. Despite this, there may be indications of emerging personality disorder.

The move of CAMHS services to the new building (the Acorn Centre) has resulted in co-location with other services such as occupational therapy, which had had a positive impact on CAMHS.

It was noted that the locality model work linked CAMHS with school nursing services although more consideration needed to be given to how best to link schools with CAMHS.

The Board noted the update.

27 HEALTHWATCH HAVERING ANNUAL REPORT

The Chair of Healthwatch Havering thanked other local organisations that had worked with Healthwatch including BHRUT and NHS Improvement. The Healthwatch report on the NELFT Street Triage Service had been considered by overview and scrutiny at the Council and referred to the Crime and Disorder Sub-Committee.

Healthwatch would be undertaking a major project this year looking at services for visual impairment and blindness.

The Board noted the Healthwatch Havering Annual Report for 2016/17.

28 SEND EXECUTIVE BOARD UPDATE

Support for children with special education needs or disabilities was detailed in each child's Education, Health and Care Plan. The SEND Executive Board represented many different sectors and oversaw work in this area.

A high needs review was being undertaken which was required to show what value and outcomes were achieved for children with high needs. The budget for this area in Havering was approximately £21 million. Focus groupwork had been undertaken with head teachers and parents and the review also included sharing with schools the challenges of using resources as effectively as possible.

A new special free school for children with autistic spectrum disorder was under development although this project was in its early stages. The planning process for Education, Health and Care plans was being improved and a presents' representative was on the panel overseeing this work. A web-based hub system was also being developed where schools and parents could request plans for children.

The Board noted the update.

29 DATE OF NEXT MEETING

15 November 2017, 1 pm, Havering Town Hall.

Chairman