



Haverling

L O N D O N B O R O U G H

HEALTH & WELLBEING BOARD AGENDA

4.30 pm	Thursday, 20 August 2020	Town Hall
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Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members: Cllr Robert Benham
Cllr Jason Frost (Chairman)
Cllr Damian White
Cllr Nisha Patel

Officers of the Council: Andrew Blake-Herbert, Chief Executive
Barbara Nicholls, Director of Adult Services
Mark Ansell, Interim Director of Public Health

Haverling Clinical
Commissioning Group: Dr Atul Aggarwal, Chair, Haverling Clinical
Commissioning Group (CCG)
Ceri Jacob, BHR CCG

Other Organisations: Anne-Marie Dean, Healthwatch Haverling
Jacqui Van Rossum, NELFT
Fiona Peskett, BHRUT

For information about the meeting please contact:
Luke Phimister 01708 434619
luke.phimister@onesource.co.uk

What is the Health and Wellbeing Board?

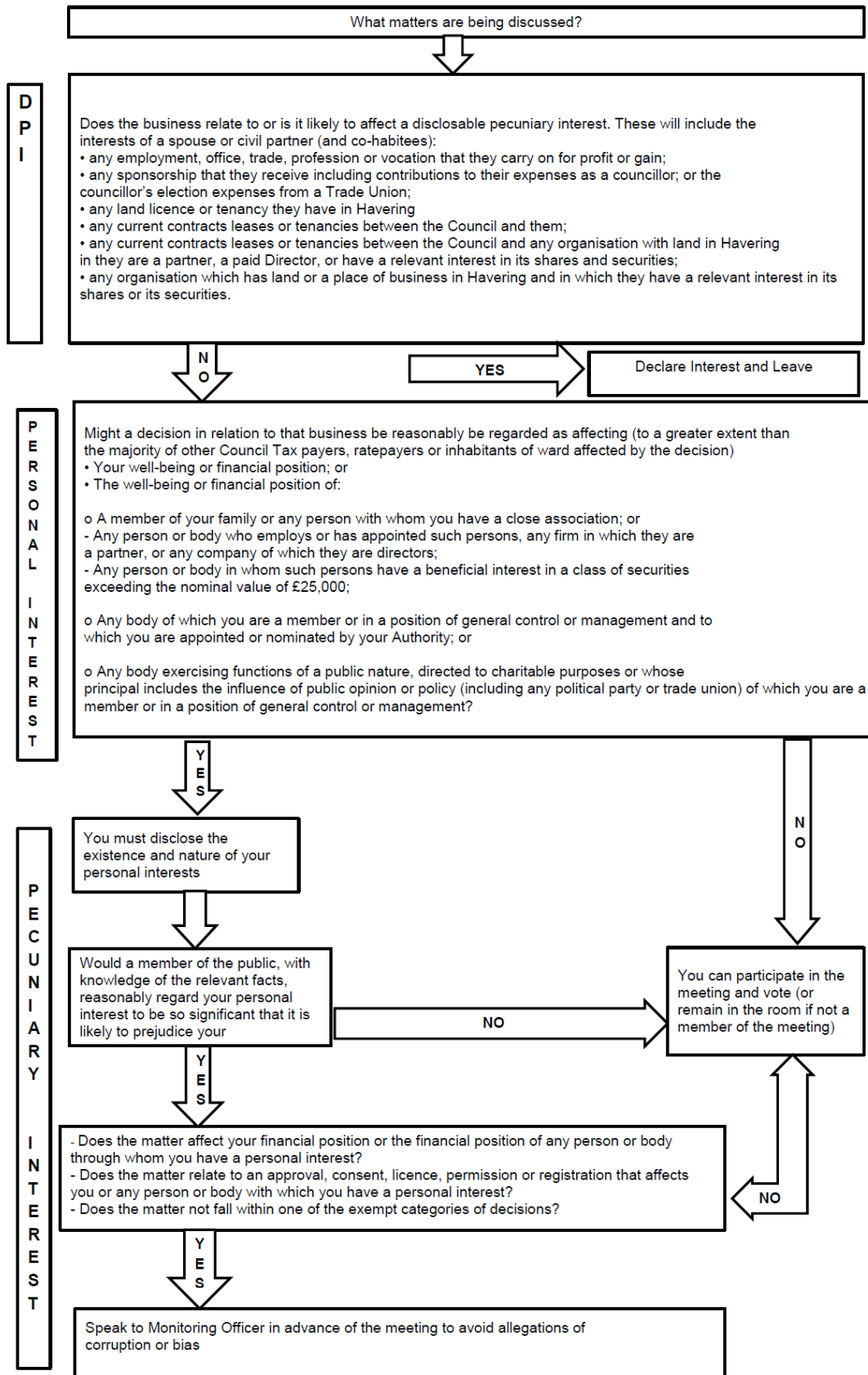
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA) and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

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 ONE MINUTE SILENCE IN MEMORY OF LOST DURING PANDEMIC

3 MESSAGE OF THANKS FROM CHAIRMAN

4 APOLOGIES FOR ABSENCE

(If any) – receive

5 DISCLOSURE OF INTERESTS

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

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

6 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the Committee held on 29th January 2020 and to authorise the Chairman to sign them.

7 MATTERS ARISING

To consider the Board's Action Log

8 STRUCTURE OF FUTURE MEETINGS

9 DEVELOPMENT OF BOROUGH PARTNERSHIPS (Pages 7 - 16)

Report and appendix attached.

10 CORONAVIRUS UPDATE (Pages 17 - 18)

Report and appendix attached.

11 ANY OTHER BUSINESS

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**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
29 January 2020 (1.00 - 3.10 pm)**

Present:

Elected Members: Councillors Jason Frost (Chairman)

Officers of the Council: Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health) and Darren Alexander (Assistant Director of Housing Demand) as a substitute for Patrick Odling-Smee (Director of Housing)

Havering Clinical Commissioning Group: Steve Rubery (Director of Commissioning & Performance, BHR CCGs)

Healthwatch: Anne-Marie Dean (Healthwatch Havering) and Fiona Peskett (BHRUT), Paul Rose (Chair, Havering Compact) and Carol White (NELFT)

Also Present: Dr Meera Kalathara (Havering Health Board Member)

All decisions were taken with no votes against.

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

42 APOLOGIES FOR ABSENCE

Apologies were received for the absence of Councillor Damian White (London Borough of Havering), Councillor Robert Benham (London Borough of Havering), Councillor Nisha Patel (London Borough of Havering), Andrew Blake-Herbert (Chief Executive, London Borough of Havering), Robert South (Director of Children's Services, London Borough of Havering), Ceri Jacobs (Managing Director, BHR CCGs), Jacqui Van Rossum (Executive Director Integrated Care, NELFT), Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group) and James Moore, Head of Delivery, Improvement and Transformation NHS England

43 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

44 MINUTES

The minutes of the meeting of the Board held on the 27th November 2019 were agreed as a correct record and signed by the Chairman.

45 MATTERS ARISING

There were no matters arising.

46 **HEALTH AND WELLBEING BOARD REVISED TERMS OF REFERENCE**

The Board members considered and agreed the updated Health and Wellbeing Board Terms of Reference.

47 **HEALTH AND WELLBEING STRATEGY CONSULTATION REPORT**

The Board members were presented with a draft Health and Wellbeing Strategy Consultation report.

Members noted that there had been a total of 218 responses; 36 through face to face engagement, 8 from organisations/services and 210 individual responses. Organisations mainly agreed with the strategy and individuals agreed with the individual priorities. Members stated that they would have liked to have had more engagement from non-partner organisations.

The Board **approved** the consultation report.

48 **SOCIAL PRESCRIBING**

The report presented by Havering Federation, on behalf of Primary Care Networks (PCNs), gave the Board an update on the progress of the development of GP social prescribing in Havering.

Social prescribing through PCNs was an important part of the NHS Long Term Plan and link workers will work as key parts of the expanded primary care team. Members noted that some PCNs had already made arrangements regarding recruitment of link workers. Council officers were keen to facilitate discussions between PCNs and the community / voluntary sector locally that might offer an effective solution in the longer term. The Board welcomed the introduction of link workers as additional and complementary to other schemes (Local Area Coordinators and compendium connectors), as presented to the Board in November 19. Collectively these were viewed as offering opportunity to improve outcomes for vulnerable residents and manage demand for health and social care services.

The committee noted that services such as Housing, DWP, etc and local VCS would need to work alongside social prescribers and local area coordinators to maximise benefits.

The Board:

- **Noted** the progress update, and took into account reports received in November 2019 regarding Local Area Co-ordination and Compendium Connectors.
- **Agreed** for an update to be presented at the next Board meeting outlining how all the approaches presented might be integrated into a

single coherent model that maximises benefits to residents and reduces avoidable use of care services.

49 **BHR JOINT STRATEGIC NEEDS ASSESSMENT**

The report presented to the Board described the development of the Joint Strategic Needs Assessment (JSNA) for the BHR Health and Social care system which was requested by the Integrated Care Partnership Board in the summer of 2019.

A first draft was produced across the 3 Borough's Public Health teams and in partnership with various Transformation Boards. The JSNA structure came from the 4 pillars as set out by the King's Fund population health model:

1. The wider determinants
2. Health related behaviours
3. The communities/places in which we live
4. Integrated health and social care services

Members noted that the relationship between the Council and clinicians and health professionals would be important. Members were advised that the Integrated Care Partnership Board accepted the recommendations put before them, subject to testing, but noted that the recommendations may not be implemented at the same time.

50 **HOMELESS PREVENTION AND ROUGH SLEEPER STRATEGY 2020-2025**

The report presented to the Board outlined the homelessness and rough sleeper prevention strategy for 2020-2025.

The Board members noted that there was good engagement from residents but wider partners did not engage as much. Members noted that the demands of the Borough's homeless were managed through effective pathways and the Council has a target to end rough sleeping by 2022 as the number of rough sleepers had decreased from 8 to 3 at the last count. Members were advised that supporting vulnerable residents that have previously been homeless is a key area for the Council to focus on.

Members noted that there was a more dynamic approach to tenure and tenancy rights of tenants and if tenants are engaging in antisocial behaviour near their property, they can be moved to accommodation in an alternative location.

All members of the H&WB were encouraged to comment on the strategy before the consultation closed.

The Board **noted** that the outcome of the consultation will inform and shape the final Strategy and its future priorities before final approval is sought from Cabinet.

51 **THE NHS LONG TERM PLAN RESPONSE ACROSS ELHCP**

The report presented to the Committee outlined the response from the East London Health & Care Partnership (ELHCP) to the NHS Long Term Plan.

The Board noted that the plan had come from a local level and the draft had been uploaded to the NEL website in November 2019. The Board noted that the length of the document is a drawback but the Board was advised that a revised and shorter document would be ready by the middle of February. The plan was described as being skewed towards the NHS but had lots of involvement from Local Authorities.

Members noted that the national budget would be set on the 11th March 2020 and system operation planning would start in spring 2020 and the NHS' People Plan is also due to be published in spring 2020.

Members of the Board noted the historical under funding of key infrastructure (e.g. IT) underpinning the future development of health care in the borough and queried whether ELHCP would prioritise bringing all parts of NEL up to a consistent level before investing more in areas that already had much greater capability. Members noted the regeneration agenda in the borough and that this was both a challenge (as a result of population growth) as well as an opportunity to improve quality and consolidate public services in better, more cost effective premises.

The Board:

- **Noted** the next steps in developing our response to the LTP, as well as note the ELHCP LTP Implementation Update.
- **Requested** the Director of Housing and the Director of Regeneration and NHS counterparts co-present an item at a future meeting re. realising the potential opportunities for health care services from regeneration.

It was requested that relevant BHRCCGs / ELHCP leads present to a future board meeting regarding plans to accelerate adoption and support delivery of integrated health and social care services in Havering.

52 **NORTH EAST LONDON PRIMARY CARE UPDATE**

The report presented to the Board outlines the STP Primary Care strategy that was submitted to the NHS England in June 2019. The strategy is based on the 7 existing primary care CCG strategies and the NHS long term plan. Members noted that the strategy outlines 3 key work streams:

- 1) Quality and Efficiency,
- 2) Workflow optimisation, and;
- 3) New models to improve CQC rating

The Board noted that areas of focus in these 3 work streams were:

- Using remote consultations,
- A salary to portfolio scheme,
- Reviewing future workforce requirements, and;
- Training and development

It was noted that different areas have different requirements so the strategy has to be clear and suitable for Havering and partnerships between BHR, NELFT, PCNs and Havering have to be built upon. Members discussed new development and training hubs across Havering, with the view to engaging with health partners to ensure the highest efficiency and quality of training can be offered.

Board members would like specialist names and abbreviations to be universal to prevent future confusion.

The Board:

- **Noted** the report and appendices

53 **HAVERING LOCAL ACCOUNT 2017/2019**

The government requires each local authority to publish annually a Local Account of its adult social care activity. The report presented to the Board explained that Local Accounts provide a key mechanism for demonstrating accountability for performance and outcomes, and can be used as a tool for planning improvements.

The Board agreed that the document gave an accurate reflection of Havering's adult social care and Board members complimented the style and aesthetics of the document. Members noted that the document would then be ready to be published on the Council's website.

The Board:

- **Noted** the Local Account 2017/19 prior to publication.

Chairman

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HEALTH & WELLBEING BOARD

Subject Heading:	Developing a Havering Borough Partnership
Board Lead:	Barbara Nicholls, Director of Adult Services
Report Author and contact details:	Alison Blair Director of Transition Barking and Dagenham, Havering and Redbridge System

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

<input checked="" type="checkbox"/>	The wider determinants of health	<ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
<input checked="" type="checkbox"/>	Lifestyles and behaviours	<ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
<input checked="" type="checkbox"/>	The communities and places we live in	<ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
<input checked="" type="checkbox"/>	Local health and social care services	<ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	BHR Integrated Care Partnership Board Transformation Board	<ul style="list-style-type: none"> • Older people and frailty and end of life Cancer • Long term conditions Primary Care • Children and young people Accident and Emergency Delivery Board • Mental health Transforming Care Programme Board • Planned Care



SUMMARY
<p>Borough Partnerships are a key element of the BHR Integrated Care Partnership bringing together delivery of health and care services around the needs of local people. This will include input around the wider determinants of health, at a community/place based level.</p>
RECOMMENDATIONS
<p>For members of Health and Wellbeing Board to receive a presentation about Borough Partnerships; discuss the proposed approach and make recommendations regarding the establishment of a Havering Borough Partnership.</p>
REPORT DETAIL
 <p>Establishing Borough Partnerships (003).ppt</p>
IMPLICATIONS AND RISKS
<p>Any decision to establish a Havering Borough Partnership would be subject to approval via the appropriate decision making process of the relevant partner agencies.</p>
BACKGROUND PAPERS
<p>None</p>



BHR Integrated Care Partnership

Better care, better lives, together

Establishing Borough Partnerships in Barking and Dagenham, Havering and Redbridge

Guide

July 2020

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Developing Borough Partnerships

Borough Partnerships are a key element of the BHR Integrated Care Partnership bringing together delivery of health and care services around the needs of local people. This will include input around the wider determinants of health, at a community/place based level.

One of the key aspirations for the BHR, is to support people to improve their physical and mental wellbeing before they deteriorate and require significant and/or long term, high costs interventions, supporting them to maintain a healthy life expectancy for as long as possible. We want to direct people to the right service and support that they need, first time, aiming to achieve the very best value for local people from every interaction that they have with health and care, local authority or community and voluntary sector staff across the system.

This pack sets out guidance to support the establishment of Borough Partnership Boards in each of the three BHR boroughs, to ensure that they are comprehensive, focussed on delivery, and that there is some consistency where appropriate across the three.

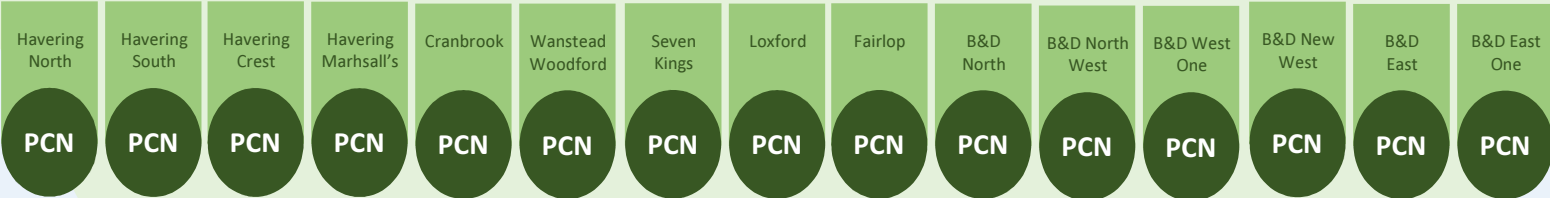
Borough Partnership Boards will be led by the respective Local Authority Chief Executives in each area, who will also link them into the work of the Wellbeing Boards to deliver the aspirations of more integrated care, closer to home, supporting local people to remain well for as long as possible, and drawing in support for the wider determinants of health (e.g. housing, debt management, employment) as required.

What will the BHR System look like in April 2021?



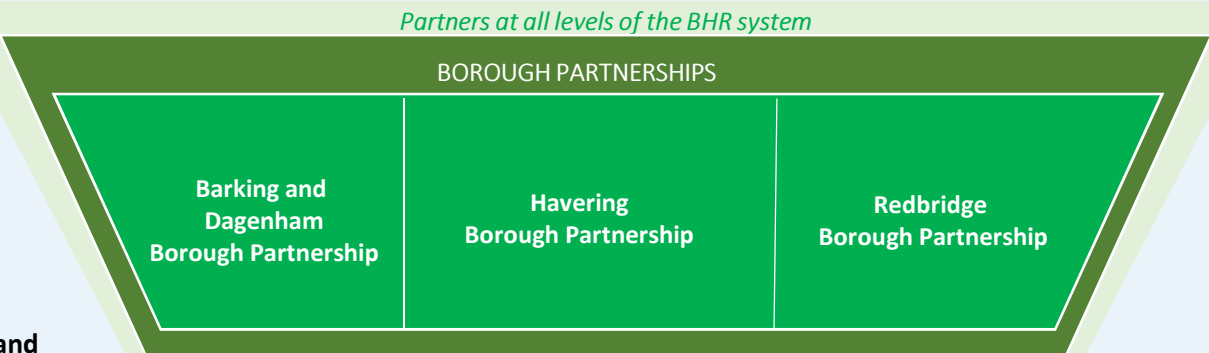
Co-production & Engagement

Our patients, residents and local communities



Community Based Care

Delivery and Improvement



Planning and Co-ordination



Integrated Care Executive Group; Commissioners and Providers

Integrated Care Partnership Board; with Health and Care Cabinet

Oversight and Assurance

North East London ICS and single North East London CCG

Partners at all levels of the BHR system:



- London Borough Barking and Dagenham
- London Borough Havering
- London Borough Redbridge
- BHRUT
- NELFT
- Primary Care Networks x15
- GP Federations x3
- Community and voluntary sector
- PELC
- Others e.g. Barts Health, police, housing etc.

Havering BHR SYSTEM (80%)

NEL (20%)

BHR System - Outline Operating Model

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	Role and Activities	Population
<p>Primary Care Networks/localities</p> <p>CO-ORDINATES DELIVERY OF CARE FOR LOCAL RESIDENTS</p> 	<ul style="list-style-type: none"> Targeted interventions aimed at individuals and families who have increased risk of developing needs, where the provision of services, resources or facilities may restore independence, slow down or reduce any further deterioration or prevent other needs developing Focused interventions aimed at maximising independence and minimising the effect of disability or deterioration for residents with established or complex health problems Through multi-disciplinary and multi-agency working, provides the ability to better manage or coordinate the care of individuals Form partnerships with community groups to support and develop interventions that fill gaps in care Empower and prepare residents to manage their care Residents will be at the centre of care and will be equal partners in the design, delivery and monitoring of services Deliver at scale services which serve populations larger than individual GP practices Lead on improvement of quality and performance across partners 	31-106k
<p>Borough partnerships</p> <p>LEADS PLANNING AND DELIVERY FOR LOCAL POPULATION</p> <p>Delegate</p>	<ul style="list-style-type: none"> Shapes and ensures delivery of health and care transformation plans including implementation of new models of care and pathways tailored to local population within framework set by BHR system Enhanced sharing of data to undertake population care management of demand and early intervention Removes barriers and shifts resources to produce greater value and better outcomes Supports the development of PCN/localities and mobilise community resources to meet the needs of residents Delivers at scale services which serve borough wide population Focus on wider determinants of health and care including housing, business, leisure and employment Escalate issues and risks to BHR system for resolution or wider learning 	200-300k
<p>BHR</p> <p>SETS SERVICE AND FINANCIAL STRATEGY</p> <p>Delegate</p> 	<ul style="list-style-type: none"> Overall responsibility for how BHR system works in practice Overall strategy development supported by Health and Care Cabinet and Transformation Boards Set outcomes framework, quality and performance standards Receives full NHS allocation for BHR and develops financial strategy, resource allocation to boroughs, collective risk management approaches within NEL framework Assures borough partnerships and their delivery of effective, efficient care and support Custodian of partnership approach – involvement of all partners including wider community, clinical engagement and co-production Ensures BHR system efficiency through new commissioning and payment models Cross cutting BHR wide programmes where need to work together e.g. workforce 	800k

Developing Borough Partnerships in BHR

Borough partnerships are in stages of development in Barking and Dagenham, Havering and Redbridge.



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There will need to be a degree of commonality across each borough so local structures deliver the functions set out in the operating model and are responsible for delegated resources., albeit they might operate differently. This will need to be worked through building on the experience of local developing arrangements. In principle we need to:

- Support collaboration and pooling resources where it makes sense for local areas and communities and explore opportunities to work together within existing and new governance arrangements.
- Be open to pooling resources across partners at a borough level in line with our respective priorities and delivery arrangements.
- Be open to new ways of commissioning and delivering services at a borough level.
- Support the allocation of prevention resources to support joint, strategic commissioning across the partnership.

Role of Health and Wellbeing Boards

HWBBs continue to be a critical part of the system infrastructure as statutory bodies. In determining their future contribution in addition to their statutory functions, we can be informed by the Kings Fund Report (2019):

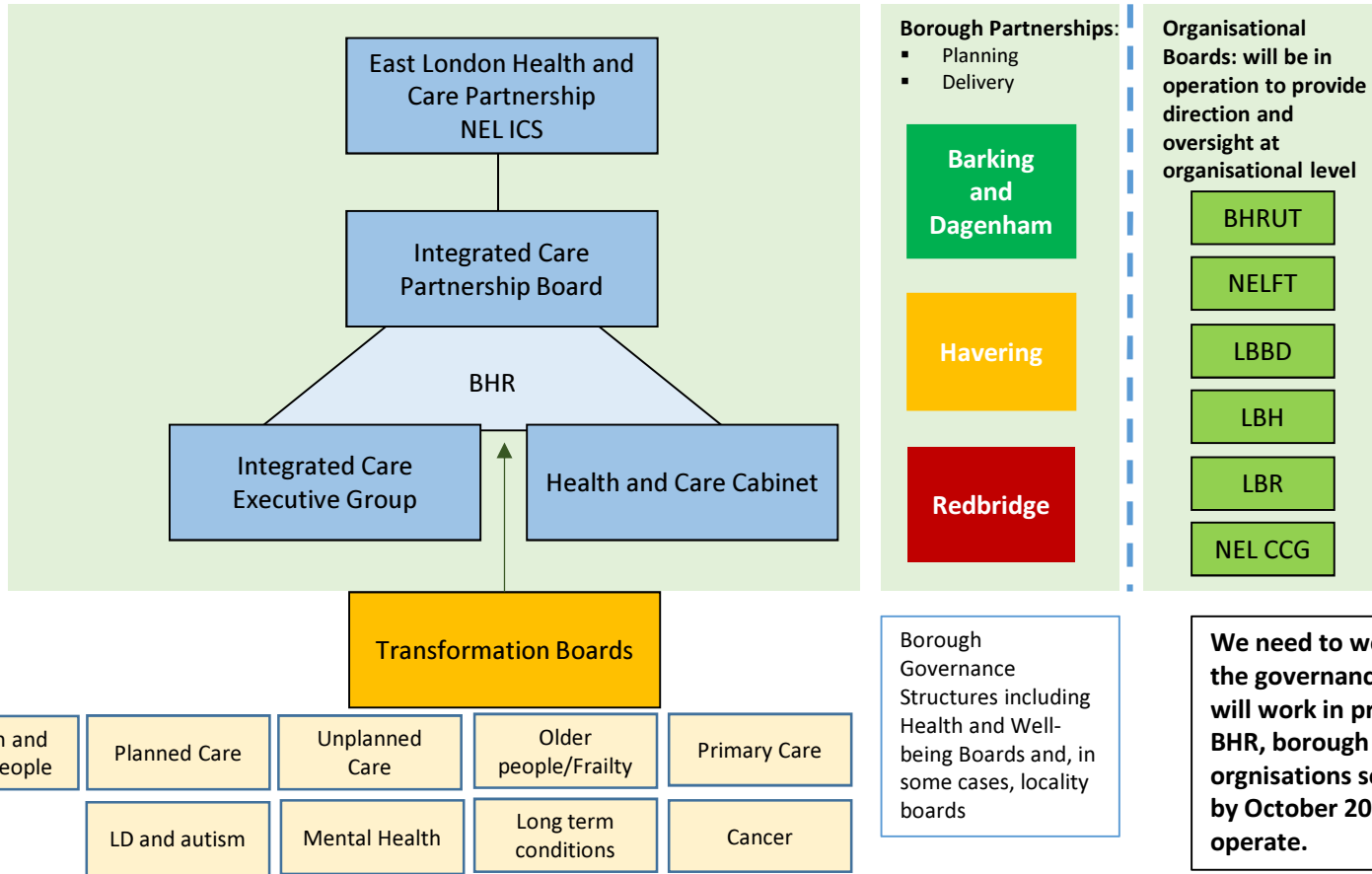
- The promised statutory guidance on ICS development should reinforce the positive role of local government, citing examples of where local government is already engaging and the benefits of this engagement
- The current role and functions of HWBs should be reviewed and refreshed, and consideration should be given to whether any changes would improve their effectiveness, for example, by strengthening NHS membership and giving boards more powers over budgets and decision-making, subject to local agreement.
- Local authorities can learn from the experience of their colleagues in the first wave of ICSs by making sure they are working together effectively to offer a strong local government contribution to the ICS in their area, based on a clear vision for the health and wellbeing outcomes for their local population.

Within the BHR system, we will work with HWBBs to collectively consider these areas with a view to developing a model for their potential future roles. This could be as the core future governance of borough partnerships incorporating an extended role in decision-making and accountability to residents.

Future Outline Governance Arrangements for Shared Decision Making

Existing three BHR system structures will be developed to be responsible for BHR system and strategy development:

- meet in public
 - joint decision making
- NHS, Local Authorities, commissioners and providers. All three bodies will need revised membership, terms of reference, operating guidelines by 2021. In order to formally delegate functions and resources, ICPB may be committee of NEL CCG. ICPB may in turn delegate to borough level using tools e.g. section 75s. Will need to be degree of commonality in each borough to enable delegation.



Borough Partnerships:

- Planning
- Delivery

Barking and Dagenham

Havering

Redbridge

Organisational Boards: will be in operation to provide direction and oversight at organisational level

BHRUT

NELFT

LBBD

LBH

LBR

NEL CCG

Borough Governance Structures including Health and Well-being Boards and, in some cases, locality boards

We need to work though how the governance arrangements will work in practice across BHR, borough and individual organisations so we are clearer by October 2020 how this will operate.

Approach to developing Community Based Care in BHR through Borough Partnerships

It's been agreed that the focus of borough partnerships post Covid should be on the development of community based care models.

Current Position (June – July)

Priority to address ongoing challenges of responding to COVID19 in the community. Work focussing on discharges, care homes and shielded population (task and finish pieces of work overseen by SOCG). Plus outbreak management/test and trace. Lessons learnt for how we work as a partnership are informing planning for the next phase of community based care development



Model for Community Based Care (CBC)

Now need to build on community services response and pre-Covid work to develop a CBC model which provides coherent support for local residents.

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What?

Build on Previous Work:

- Devolution Business Case
- OP Frailty Model
- LTC pathways
- Developing Primary Care Networks
- Social Prescribing

Future model for BHR covering: community services, social care, primary care, mental health, mobilising community assets, working with the voluntary sector, residents and user co-production.

Including complex care, children and the healthy

Focus on prevention, tackling inequalities, meeting needs of most vulnerable, linking physical and mental health plus broader areas which impact on health and well-being (e.g. housing, employment).

How?

Main vehicles are the three Borough Partnerships (B&D, Havering and Redbridge), whose role will be to design, plan and deliver for all local populations across local partners within a BHR framework including outcomes and enablers. Overseen by SOCG and then ICEG/ICPB.

When?

Model developed at Borough level by October for more formal engagement and sign up including implementation plan.

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HEALTH & WELLBEING BOARD

Subject Heading:

Coronavirus Update

Board Lead:

Mark Ansell, Director of Public Health

Report Author and contact details:

Mark Ansell
mark.ansell@havering.gov.uk

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

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<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
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SUMMARY
A verbal update to members about rates of coronavirus infection in the borough and progress with the development and implementation of the outbreak control plan.
RECOMMENDATIONS
Members of the Health and Wellbeing Board are asked to consider what more the organisations they represent can contribute to control the spread of coronavirus in Havering.
REPORT DETAIL
Verbal update
IMPLICATIONS AND RISKS
None arising from this item
BACKGROUND PAPERS
Havering coronavirus outbreak control plan https://www.havering.gov.uk/downloads/download/848/havering_coronavirus_outbreak_control_plan Coronavirus in Havering weekly report https://www.havering.gov.uk/covid19havering