**MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD**
**Town Hall**
**13 August 2014 (1.30 - 3.05 pm)**

**Present**

Cllr. Steven Kelly (Chairman)
Mark Ansell, Consultant in Public Health, LBH
John Atherton, NHS England
Cllr. Wendy Brice-Thompson, Cabinet Member for Health
Conor Burke, Chief Officer, BHR CCGs
Cllr Meg Davis, Cabinet Member for Children and Learning
Anne-Marie Dean, Chair, Healthwatch
Cynthia Griffin, Group Director, Culture, Communities and Economic Development, LBH
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, Chief Operating Officer, Havering CCG

**In Attendance**

Phillipa Brent-Isherwood, Head of Business and Performance, LBH
Barbara Nicholls, Head of Adult Social Care, LBH
Wendy Gough, Committee Officer, LBH (Minutes)

**Apologies**

Dr Atul Aggarwal, Chair, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Joy Hollister, Group Director, Social Care and Learning, LBH

13 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced details of the arrangments in the event of a fire or other event that would require evacuation of the meeting room.

14 **APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted.

15 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no pecuniary interests declared.

## 16 MINUTES

The Board considered and agreed the minutes of the meeting held on 9 July 2014 and authorised the Chairman to sign them.

## 17 MATTERS ARISING

The Chairman was keen to see that the Better Care Fund was benefitting all people and was interested to hear the update on the agenda.

## 18 HEALTHWATCH ANNUAL REPORT

The Board received the Healthwatch Havering Annual Report 2013/14. The report had been written in line with the standards set out by Healthwatch England and outlined the work that had been carried out with local organisations.

The launch of Healthwatch both nationally and in Havering in April 2013 coincided with the emerging concerns about standards of care in health and social care settings. Locally, concerns arose following a series of adverse Care Quality Commission (CQC) and other reports about care in Queen's Hospital and in several residential care homes. Healthwatch Havering had a dedicated team who deal specifically with the concerns raised with Queen's Hospital, and were about to submit their findings to the CQC prior to its inspection.

All the recommendations that had been made on the concerns raised in respect of care homes had been taken on board and the specific care homes now had an action plan to follow. It was noted that when inspections are made, checks such as ensuring the bath taps were working were also included.

Recently Healthwatch Havering had been developing relationships with the local community, and had worked on services for people with Dementia and for people with a Learning Disability.

The Board noted that all contact that is made with Healthwatch Havering was logged, and whilst there may not be immediate investigations, the details of the complaint were kept should further concerns be raised.

The report set out a number of different actions and priorities including those established by the Health and Wellbeing Board. Healthwatch Havering, from their perspective, had set out the priorities in the following order:

- The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admissions).

- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1 Early help for vulnerable people).
- The Better Care Fund (Priority 8: Improving the quality of services to ensure that patient experience and long-term health outcomes are the best they can be).
- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children).
- Joint Strategic Needs Assessment (Supports the development of all the 8 priorities).
- Dementia Strategy (Priority 2: Improved identification and support for people with dementia).
- Children and Families Bill (Priority 1: Early help for vulnerable people).
- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)
- Childhood Obesity (Priority 4: Tackling obesity).

Healthwatch Havering felt that the joint working with the Board and its partners had been carried out effectively and had achieved a lot in the last year.

The Board agreed that further work needed to be done to the JSNA. It was the document that fed into the community, but needed to be more detailed to achieve real outcomes. It was agreed that the work being done by other boroughs should be researched to get some best practice and to be aware of emerging issues. The JSNA needed to be a more practical document.

The Board felt that Healthwatch Havering were doing a good job and that its members should be very proud of their excellent work.

## 19 INTERMEDIATE CARE CONSULTATION

The Board received a presentation on the Intermediate Care Consultation. Intermediate care was services that provided people with specialist nurses, therapists and other professionals without them needing to go (or stay longer) in hospital.

The services could be provided in different places, including people's own homes, community rehab units or in residential homes. The CCG had been trialling the expanded community treatment team (CTT) and a new intensive rehabilitation service (IRS) in Havering. The CTT was a team of doctors, nurses, physiotherapist, social workers and others providing short term support to people experiencing a health or social care crisis. The care was

provided at home so that there was either no need to go into hospital, or the stay was shorter. The service ran 7 days a week from 8am to 10pm.

The IRS was a team of physiotherapists, occupational therapists, healthcare assistants and others. They provided intensive physiotherapy and other therapy in a patient's home. The visits could be between one and four a day depending on the need. The service ran 7 days a week from 8am to 8pm.

The consultation so far had looked at the options available. From the current feedback, it was clear that:

- the community beds were the primary option for rehabilitation/ intermediate care
- people were having to wait longer to access the service and there was no service at weekends
- people often had to stay longer in hospital which increased the risk of contracting further infections

The CCG had evidence that suggested there was a consistently high patient experience and satisfaction from the new service. People were able to access the service more confidently; there was a single point of contact and improved response time. People had more choice and were getting better quicker with less likelihood of being admitted/re-admitted to hospital. There was also evidence that the community beds were not being used as much with people being treated at home (29 unused beds during the trial).

Of the five options available, it had been agreed that the preferred option was Option 5. This was to continue with the CTT and IRS, to reduce the number of community beds, and to locate those beds to one site at King George Hospital. This would mean that running only one unit would ensure that staff were much more efficient and flexible, it would also be the most affordable option.

The Board discussed about retention of staff and how they could work together to ensure the attraction of employment within the borough. There were a number of avenues that could be pursued including the University College of London, other Educational establishments as well as the general marketing of the opportunities that there were in the area.

It was agreed that an update on Intermediate Care and the JAD be brought to the October meeting.

## 20 VIOLENCE AGAINST WOMEN

The Board received a report on Domestic Violence in Havering. The report gave an overview of the situation in Havering and the associated Health and Wellbeing implications for victims, their children and the wider community.

The Board noted that whist there was a lot of good practice and support within this area, there was still room for improvement.

The definition of Domestic Violence had been widened and now included people from 16 years old. It was not just physical violence, but included coercive and controlling behaviours. It was also very broad and was not gender or ethnicity based. The Board agreed that with the increase of reports of historical sexual abuse, people were finding it now more acceptable to report acts of abuse.

The Board was asked to consider refreshing the JSNA for Violence Against Women and Girls (VAWG) given the changing demographics in the Borough and to support the Havering Community Safety Partnership to develop a joint VAWG strategy for Havering. Members felt that this should include the provision for men too, since there was only a difference of 2% of reported cases in the borough.

It was important that the JSNA was updated and early interventions put in place to prevent repeat reports. There was support already available in the form of advocacy and Womens Aid, however there were no specific services for children.

The Board agreed that it was important that the views of people who had used the services were sought and to ensure that the service encompassed same sex relationships and people with disabilities. Each group would need to be signposted to a different solution dependent on their situation.

There was a newly formed group to deal with VAWG who had only met twice; they were looking at drafting a strategy to take the actions forward. This could feed into the JSNA which could be jointly agreed by the Health and Wellbeing Board and the Havering Community Safety Partnership.

It was agreed that the action plan should be brought back to the December meeting together with actions and implementation dates.

## 21 BETTER CARE FUND

The Board were provided with an oral update on the Better Care Fund. The HWB was reminded that it needed to resubmit its submission on 19 September. A finalised submission would be brought to the meeting on 10 September with the agreement that the Chairman could sign off the final version.

The submission looked at cost pressures in Nursing Care and Informal Carers.

## 22 COMPLEX CARE

This item had been deferred until the September meeting.

## 23 DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on Wednesday 10 September 2014 at 1:30pm.

**Chairman**