MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
14 January 2015

Present

Cllr. Steven Kelly (Chairman)
Dr. Atul Aggarwal, Chair, Havering CCG
Cllr. Wendy Brice-Thompson, Cabinet Member for Health
Cheryl Coppell, Chief Executive, LBH
Anne-Marie Dean, Chair, Healthwatch
Joy Hollister, Group Director for Children, Adults and Housing, LBH
Alan Steward, Chief Operating Officer, Havering CCG

In Attendance

Phillipa Brent-Isherwood, Head of Business and Performance, LBH
Mary Pattinson, Head of Children's Services, LBH
Claire Still, Communications Officer, LBH
Vicky Parish, Committee Officer, LBH (Minutes)

73 CHAIRMAN'S ANNOUNCEMENTS

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

The chairman advised some amendments to the agenda, that items 6 and 8 were to be merged and presented by Diane Egan, and item 12 was removed due to Kathy Bundred's absence.

74 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Meg Davis, Andrew Blake-Herbert and John Atherton.

75 DISCLOSURE OF PECUNIARY INTERESTS

No disclosures of pecuniary interest were made.

76 MINUTES

The minutes of the meeting held on 10th December 2014 were agreed as a correct record and signed by the Chairman.

77 MATTERS ARISING

From the previous minutes (10 December 2014), the matters arising were:

- **BHRUT**: The key members of the board were to visit to try to help provide feedback and develop further outcomes

- **Children's Health**- The board considered that the board did not provide as much support as they would like. Within the revised strategy some weaker items had been removed and some more critical items were supplemented in order to provide a better service. **The chairman confirmed that the strategy was authorised**.

- **Dementia Strategy**- Progress was slightly slower than expected, but moving along.

- **DOH underfunding**- To clarify the 'underfunding' was not in reference to a lack of funding, it referred to monies coming from a variety of sources but not reaching the services expected quickly. It was felt that the only way to cure A&E problems would be to provide more staff. The Chairman recommended following Dr Aggarwal's suggestion that A&E staff do not have to be A&E trained- and that specialist practitioners could be used for their specialist area within the context of A&E.

- The **Better Care Act** was accepted. The feedback provided was highly complimentary to Havering and the services provided within.

- **GP Opening Hours**- The service had been extended to seven days per week. This was crucial as it was one of the key solutions to reducing the impact on A&E facilities. More information needed to be communicated regarding the Primary Care options including the extended GP surgery hours and walk-in centres in order to make the residents of the borough more aware of their options and critically that their GP would always be the first point of support and help. Initial communication efforts of the board were agreed to focus attention on those most likely to go to GP surgeries. This was to be raised as an agenda item at the following meeting. The Director of Planning and Governance from Queens Hospital would be in attendance from the following meeting.

- A meeting had taken place with the pharmacies in December. The savings that could be made with full follow through over the following months were potentially enormous.

- The second anniversary of the establishment of the CCG had brought confirmation that the contracts were under control. Maturation of the partnership gave control of the services to the board. Reviews of any item of health care were able to be conducted easily.

78 SERIOUS YOUTH VIOLENCE STRATEGY

Crime within Havering was at the national average, in line with the Outer London boroughs. The main volume of crime within the borough was serious acquisitive crime such as burglary, car theft etc.

In 2011, 33 boroughs were identified as having crime issues. Havering was not amongst the number. In 2012, an additional number of boroughs were identified after further review. Havering was still not included.

There was a potential change due to the general movement of residents from inner to outer London Boroughs dispersing issues including crime. More residents would have resulted in more crime; more homes would have resulted in more residential burglary. Havering was on a property increase with rising property prices and rental values, with the number of unemployed residents above the national average, and increased numbers of complex families.

Within Havering there were links with 16 gangs across other boroughs. Operation Trident within the Police had profiled a matrix of gangs. Most of the work carried out was preventative not reflexive; including ensuring preventative action for at-risk individuals and their siblings and friends from becoming involved in crime.

Developments noted had been positive. An area that required improvement locally was the leadership.

It was identified that further work with schools was required in order to increase awareness to children and parents.

There was one small gang in the borough that met the definition of a ‘gang’. The National Crime Agency was mapping drugs lines out of London and there were possible connections.

The board agreed that it would sign off the updated drugs strategy at the following meeting.

It was agreed that the approach was to give focussed attention to groups rather than a global approach, as long term middle-aged drug users were considered less pressing than young people devolving into crime from drug use. It was also agreed that the strategy needed to incorporate repetition of location, timing and type of person aimed at, in order to establish the ideas in the general populace.

Responding in Partnership

Good relationships had been fostered with schools, and awareness-raising had highlighted the high risk schools. Many were identified as gang-naïve.

The work in MASH and sharing with individuals had been positive. There had been anonymised sharing of A&E data used. More detailed information needed to be gathered. An agreement was made to share this information within the organisations to aid the growth of the services and joined up working.

Information from Sixth Form Colleges was difficult to extract as they did not have named contacts as schools did, and did not seem to gather as much information overall. Information sharing with prisons was an issue that was identified. Perpetrators of gang activity often ended up becoming victims, and this cycle was identified as an issue.

Next steps
The new Community Safety Policy would inform years two and three of the plan. Cross-borough working informed the drugs strategy.

Havering had not reviewed community service leavers; however the rehabilitation service MTC Novo was required to monitor those on community orders of less than 12 months from 1st April 2015.

A budget report to cabinet had been issued which consolidated the consultation. The three main areas of focus were:

- The level of concern youth services and how an increase in the numbers of troubled young people would affect it
- The growing number of Looked After Children
- Peer reviews were doing well. Support and mentoring service proposals were considered to be brought back. Excellent work was done on a very small budget.

The Chairman considered that the lack of advertising of what the board and Health Services did was an impediment. The Chairman extended thanks to Diane Egan and the team for all of their hard work and the outcomes that had been achieved.

79 HEALTH IN YOUNG OFFENDERS INSTITUTIONS

There were no immediate problems within Young Offenders institutions. The Youth Offending Service attended meetings to discuss any potential issues that arose

Very few young people had custodial sentences imposed within the borough; only two had been within the last two years. Within Havering the rate of custodial sentencing was so low that little could be done to reduce the frequency or to consider this as a concern.

The reason for such low number of young offenders not receiving custodial sentencing was that issues were addressed at earlier stages. Custodial sentencing was a last resort.

The team were happy to give a fuller report to a future meeting if it were required.

80 HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

The Health & Wellbeing Strategy had expired in 2014. It was a statutory duty to keep it maintained. The priorities within the strategy were broadly accurate, however some items had progressed, and some aspects had been reviewed.

Further discussions regarding the future of the Health & Wellbeing Strategy were arranged. The first new priority to be included was Mental Health. Whilst Mental Health was not a big concern overall, dementia was a priority and had to be covered within the strategy. Those with dementia or learning disabilities were to be addressed within the Healthwatch report.

As a change from the preceding strategy, specific items intended to support vulnerable people, children and young people and their families would be included (?).
The Health & Wellbeing strategy had to include Wellbeing, by ward and by long term condition across the borough.

The new strategy could be ratified at the next meeting. All attendees were requested to read the details of the strategy in the meantime

The transfer of Overview and Scrutiny to one board required a joint action plan to be delivered by NELFT and the CCG.

There was a national focus on mental health. In particular the local Health & Wellbeing Boards were focussing on dementia and learning difficulties. The approach to long term conditions supported the Prime Minister's Challenge Fund. Fragility and vulnerability were bringing people together regarding integrated care. There was a long-term potential change to staff and patients

Within the area of health improvement activity, the board suggested a close analysis of early years health issues should be included in the strategy.

81 PRIMARY CARE CO-COMMISSIONING

Following the last elections, the new government had re-planned the NHS communal budget split, including allocating 6% to clinical commissioning.
Primary medical, pharmacy, and other areas received a combined 30%, and 10% went to Local Government for initiatives such as sexual health.

Over the course of the past two years, government had realised that this split is not working and decided to move the budgets back to the local community groups. The Clinical Commissioning Groups were required to reapply, and demonstrate their capability in order to be confirmed to

continue to provide the services. The arrangements would not include community pharmacy, dentistry or optometry at this stage. They would be required to commission a whole pathway

The CCG were proactive within the new requirements as they did not provide standalone services. Instead they provided care as a pathway.

They took advantage of the Prime Ministers Challenge Fund within this, as they received £5million - the largest allocation nationally due to the well organised and thorough planning.

Improving technology and information systems within Access to Primary Care, GPs, Complex Care etc were progressing to plan. Three hubs were open. "Health 1000" had opened (via NHS England). If it was successful, from 1st April more formal governance was required, and an account was required back to the board.

This was unlikely to result in more money for the health care services, but was likely to drive important modernisation.

82 **REPORTS FOR INFORMATION**

In April, the Carers Rights Act was due to become law. A briefing on 5th February had been arranged for all stakeholders.

National publicity would be outlining what was happening in the future, but boroughs were not expected to deliver on the promises for a few years. If this was not clear locally, Havering wanted to be clear about it in line with the national publicity.

NHS England and Public Health were working together on a national campaign. Some communications aspects had been considered, including the production of leaflets, radio production and newspaper advertising, and information being sent to 7,000 homes in the borough. National branding would be on the information, including the new 'Care and Support' logo.

A comprehensive training programme was designed between JAD and Barking & Dagenham. Regulations and guidance looked at cross-mapping in December 2014.

Before submission could be completed, the chairman requested revised targets to be submitted to the board for approval.
A Cabinet report was due for submission the following week. Havering would be the host for the funding.

A leaflet-drop was recommended in of the national set up, including providing detailed information to the call centre to ensure no one received a lack of information once the national information was sent out.

It was felt that the national advertising campaign would have affected the customer satisfaction levels if the Board had not pre-emptively addressed the expectations of the community in order to prevent issues arising.

83 ANY OTHER BUSINESS

A joint meeting with chairmen of other HWB boards had been arranged.

Potential agenda items raised at this meeting for it included:

- Children's services
- Reinforcement of JAD
- Primary Care

Joy Hollister & Alan Steward would present to the board. Conor Burke would provide report information as updates.

Start of another good year. Thank you to everyone for coming.

84 DATE OF NEXT MEETING

The next meeting was arranged for Wednesday 11th February, Havering Town Hall, RM1 3BD.

Chairman

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