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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Committee Room 3A - Town Hall 11 May 2016 (1.00 - 2.50 pm)

Present:

Board Members present:

Councillor Wendy Brice-Thompson, Cabinet Member, Adult Social Services and Health (Chair) **(WBT)**

Councillor Roger Ramsey, Leader of the Council **(RR)**

Councillor Gillian Ford (GF)

Isobel Cattermole, Deputy Chief Executive, Children's, Adults and Housing, LBH **(IC)**

Elaine Greenway, Acting Consultant in Public Health, LBH (substituting for Sue Milner) **(EG)**

Dr Gurdev Saini, Clinical Director, Havering CCG **(GS)**

Anne Marie Dean, Havering Healthwatch **(AMD)**

Tom Travers, Chief Financial Officer, BHR CCGs (substituting for Conor Burke) **(TT)**

Also Present:

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

Jacqui Lindo, Consultant in Public Health, LBH **(JL)** (part of meeting)

Barbara Nicholls, Assistant Director, Adult Services, LBH (BN)

Anthony Clements, Principal Committee Officer, LBH (minutes) **(AC)**

All decisions were taken with no votes against.

54 **WELCOME AND INTRODUCTIONS**

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

55 **APOLOGIES FOR ABSENCE**

Apologies were received from Cheryl Coppell and Sue Milner (Elaine Greenway, Acting Consultant in Public Health substituting) London Borough of Havering, Atul Aggarwal and Alan Steward, Havering CCG and Conor Burke, BHR CCGs (Tom Travers – Chief Finance Officer substituting).

56 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

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

The minutes of the meeting held on 23 March 2016 were agreed as a correct record and signed by the Chairman. There were no matters arising not covered in the action log or elsewhere on the agenda.

58 ACTION LOG

The Better Care Fund plan had now been e-mailed to Board members for comment.

An update on the outcome of the consultation on reconfiguration of sexual health services would be brought to the next meeting of the Board.

IC confirmed that good progress had been made on health assessments for Looked After Children. All annual reviews were now complete and the formal agreement between CCG and NELFT also included pre-adoption health assessments for all Looked After Children. It was believed that the formal agreement had yet to be signed and IC raised concerns if this had not been done. **ACTION:** TT would check if an agreement had now been signed and would forward a copy of the signed agreement to the Board as soon as possible.

59 DRAFT PRIMARY CARE HEALTH CARE STRATEGY

TT explained that the document had been developed by the Primary Care Transformation Board and focussed on provider development over the first year. The strategy would then move towards place-based commissioning.

The first phase of the strategy aimed to strengthen capability to respond to planned care issues. It was wished that primary care would be the foundation for a locality based model.

It was confirmed that a London-wide workforce stream was looking at issues of recruitment and retention. There were already cluster GP localities in Havering and some of these would be used to pilot the new structure. Some self-determination would be given under the new structure regarding the type of services offered in each locality. Positive levers would be used to show to GPs the benefits of working at cluster level.

Patients would still go to their existing GP surgery under the new model. Over time, estate issues could mean a need to co-locate surgeries but TT emphasised that consultation would be carried out in these instances. TT agreed that patients should be communicated with effectively. The strategy aimed to rebuild the capacity and robustness of primary care in order to

offer better alternatives to A & E. Councillor Ramsey suggested that the Council's e-mail list could be used to communicate details about alternatives to A & E.

It was noted that nearly 1,000 people had recently gone through the A & E units at Queen's and King George within a 24 hour period. IC felt that a culture change was needed in people's behaviour as well as a full communication re alternatives to A & E.

GS confirmed that the CCG would communicate if e.g. a practice was moving but felt it was also important not to overload the public. He felt that very simple language should be used in any communications. He added that GPs now had a culture of working with other practices and could see the advantages of e.g. offering minor surgery in a locality. He felt that there would be a move to larger, more locality based GP groups in the future.

Most GP IT systems were able to talk to each other but GS felt it was important that systems could also be linked to services such as end of life care and social care. Funding would be an issue with this work but care records could now be accessed by staff at the Hospital Trusts. TT added that IT was a common thread through the CCG transformation work and there had been investment in GP IT. It was believed that the bid for investment in IT via the Vanguard programme was not now likely to be successful.

AMD felt that the strategy was broad and that a detailed operational plan for Havering should be brought to the Board. Targets in the strategy also needed to be more robust. Healthwatch Havering had carried out a survey with residents which indicated that people did not know where to go for medical help when their GP was closed. GS felt it was important that any changes to services were in place before they were publicised.

GPs had been informed of the plans at the last CCG members' meeting and had been assured that single handed practices would not disappear under the proposals. The strategy would be piloted in two areas and TT felt it would take approximately two and a half years for the strategy to be fully implemented.

60 **HWB TERMS OF REFERENCE FOR SIGN OFF**

It was agreed that the words 'to build strong and effective partnerships' be added to the section on why the Board had been set up. It was also agreed

that consideration of housing be included. It was hoped that BHRUT and NELFT would be represented at the next meeting of the Board.

It was **AGREED** that, subject to the amendments shown above, the Chairman be authorised to sign off the Board's terms of reference.

PBI added that it was necessary to decide whether the Children's Trust was still needed. **ACTION:** PBI would discuss this with IC.

61 **OUTLINE OF REFRESHED JHWS**

EG summarised the proposals for the annual refresh of the JHWS, and confirmed that, once the strategy had been agreed, a detailed action plan and indicators would be developed. The strategy listed reframed priorities as being primary prevention, early identification and intervention,, that the right services were provided in the right place at the right time, and ensuring a good quality of service and user experience.

A number of workstreams had been identified as system enablers, including IT.. GF suggested that specific reference be made in the strategy to end of life care. Officers would also consider inclusion of self-care as an aspect of planned care.. TT would supply some wording on this issue.

It was suggested that reference should also be made to current financial challenges and the importance of demand management and getting best value for money..

It was **AGREED** that the amendments suggested above be made and that a final draft of the strategy be brought to the July meeting of the Board.

62 **ASC LOCAL ACCOUNT**

BN explained that the account showed the areas where Adult Social Care had achieved and where it was felt more work was needed. The final document would be published on the Council's website. It was noted that paragraph 1.1 should say 2013/14 rather than as stated.

There had been rising demand for adult social care services with increasing numbers of people in Havering aged over 65 and over 85. There were also major financial challenges for the Council and its partners with the Government funding formula not being advantageous to Havering. Members wished to retain front line services.

Examples of good practice included the integrated Multi-Agency Safeguarding Hub which had been nominated for a MJ Achievement Award and the work of the Dementia Action Alliance which was recognised as

good practice. The work of the Health and Wellbeing Board had also been shortlisted for the APSE awards. There was also now better communication with social care providers with the Council checking for example that providers were paying the national living wage to staff.

Challenges included the low take-up of direct payments and work was in progress concerning improving the information and advice offered. Safeguarding work was also a priority as was ensuring that accommodation was correct, for example the provision of extra care housing for older people. A new programme had also started to use community workers to address the triggers for social isolation.

The Board **NOTED** the ASC Local Account 2015 prior to publication.

63 **PLACE OF SAFETY REPORT**

BN explained that consultation was currently in progress on the place of safety issue which applied to people needing assessment and detention under the Mental Health Act 1983. It was wished to take people to a health based setting for this rather than to a police station.

A total of 107 people had been detained in Havering under the Act in 2015/16 although none had been detained in a police station in the last year. The length of stay in a place of safety often depended on the availability of doctors but could be up to 7-8 hours. The primary place of safety used was Goodmayes Hospital and no more than two people from Havering per week were expected to be detained there. The hospital had recently undergone an inspection. Alternative places of safety used were the A & E departments at Queen's and King George Hospitals. It was believed that young people presenting with mental health issues at A & E were taken to a side room of the main unit for assessment etc.

The Board **AGREED** that any further comments on the draft guidance should be forwarded to BN.

64 **CLINICAL GOVERNANCE ASSURANCE REPORT**

JL explained that most clinical governance work for public health in the last year had been around agreeing processes with providers of clinical services. There had not been any serious incidents in the last year.

It was clarified that, under paragraph 6.14 of the governance policy, information from the Care Quality Commission was also analysed and disseminated. In terms of monitoring of quality, staffing levels were considered in the policy but it was felt that staff turnover was an important key indicator.

The Board **NOTED** the report.

65 **FORWARD PLAN**

It was agreed that past meetings no longer needed to be shown on the Forward Plan.

It was expected that the ACO/STP update would be available for the July meeting of the Board. The item on demand management strategy would include a case study on social isolation and it was suggested that a second case study could also be presented on the MASH reconfiguration.

The draft STP business case would be e-mailed to the Board for comment. BN and Keith Cheeseman were happy to meet with members of the Board to discuss the plan in more detail.

The agendas for future meetings would be informed by the content of the confirmed Health and Wellbeing Board Strategy. The SEN needs assessment could also be brought to the July meeting.

The Board **AGREED** the forward plan.

66 **URGENT BUSINESS**

IC briefed the Board on the joint targeted area inspections of provision for young people with disabilities or special educational needs. These would include the Council, police, the probation service and health partners. Lead responsibility for the inspection would be taken by the three local CCGs.

Pilots for the inspections had now been completed. The inspection would be area-led and a stretching process where the perceptions of services held by the child and parents would be key. There was one week's notice given of an inspection and IC would circulate an extract of the inspection handbook.

67 **DATE OF NEXT MEETING**

The next meeting would be held on Wednesday 20 July at 1 pm at Havering Town Hall, committee room 3B.

Chairman

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