MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
20 July 2016 (1.00 – 2.50 pm)

Board Members present:

Councillor Wendy Brice-Thompson (Chairman), Gillian Ford, Roger Ramsey and Robert Benham
Andrew Blake-Herbert, Chief Executive **(ABH)**
Dr Susan Milner (Interim Director of Public Health), **Andrew Blake-Herbert** (Chief Executive), Tim Aldridge (Director of Children's Services) and Barbara Nicholls (Director of Adult Services) **(BN)**
Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group (CCG)) **and Conor** Burke (Accountable Officer,Barking & Dagenham, Havering and Redbridge CCGs) **(CB)**
Matthew Hopkins (BHRUT) **(MH)**
Carol White, NELFT **(CW)**

Also Present:

Ade Abitoye, Interim Head of Public Health Intelligence **(AA)**
John Green, Strategic Commissioning Lead **(JG)**
Dave Tapsell, Head of Systemic Practice **(DT)**

One member of the public was also present.

All decisions were taken with no votes against.

1 **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.

2 **APOLOGIES FOR ABSENCE**

Apologies were received from Alan Steward, Havering CCG, Anne-Marie Dean, Healthwatch Havering and Jacqui van Rossum, NELFT (Carol White substituting).

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

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

The minutes of the meeting held on 11 May 2016 were agreed as a correct record and signed by the Chairman. There were no matters arising not covered elsewhere on the agenda.

5 ACTION LOG

Electronic copies of the CCG's commissioning intentions for children's services had now been distributed. Joint commissioning arrangements for children would be brought to the Board as a separate item.

BN was now leading on the Transforming Care Partnership and this would come to the next meeting of the Board for sign off. An event had been held the previous day for commissioners, providers and operational staff and there would be engagement with Learning and Achievement as part of this work.

The sexual health services reconfiguration consultation had been extended by one week due to technical problems with the survey form and would now close on 22 July. This would be followed by the preparation of a non-key Executive Decision paper for agreement by Councillor Brice-Thompson. SM confirmed the survey was available on-line and had been sent to key stakeholders. SM also emphasised that the service was no longer viable in its current form.

CCG and NELFT health assessments for Looked After Children and pre-adoption – no update available.

The revised Board Terms of Reference were now complete and SM would recirculate the final version for information.

It was noted that there was no longer any statutory requirement to have a Children's Trust and that other mechanisms such as the Local Safeguarding Children's Board and Multi-Agency Safeguarding Hub now fulfilled the role of the Children's Trust. The Board therefore **AGREED** that the Children's Trust was no longer needed in Havering.

SM had agreed with Councillor Brice-Thompson to wait to refresh the Joint Health and Wellbeing Strategy until after the Sustainability and Transformation Plan (STP) and Accountable Care Organisation (ACO) business case had been published. SM would bring a final draft of the Joint Health and Wellbeing Strategy to the September meeting of the Board.

BN confirmed that comments by the Board on Place of Safety Guidance had been included in the response to the consultation.

6 DELIVERING THE NHS FIVE YEAR FORWARD VIEW: DEVELOPMENT OF THE NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN AND STRATEGIC OUTLINE CASE FOR THE ACO

CB explained that the NHS five-year forward view encourages the development of sub-regional devolution pilots. In addition the NHS had also introduced Sustainability and Transformation Plans (STPs) for providers and commissioners. It was noted that the STP for Havering also covered the whole of North East London. The North East London STP had been put forward in December 2015 and sought to achieve a financially sustainable health system by 2021. It was accepted that this would be challenging, particularly given the deficits at BHRUT and Barts Health.

Given the financial challenges, there had been a lot of focus on finding different ways of delivering care. Many savings were targeted around the acute hospital pathway although it was accepted that not all interventions required to close the financial gap had been identified at this stage.

CB and MH had met with the national STP team the previous week and felt that the meeting had been quite successful with the primary focus being on delivery in the current year – both financial factors and outcomes.

The STP sought to address a number of key priorities including managing the demand for health services from a rising population and transforming the way care was provided. Other priorities included ensuring providers remained sustainable and transforming specialist services, the commissioning of which was likely to be devolved from NHS England to a local level. The development of a system-wide decision making model and the maximisation of the use of estates were also priorities under the STP.

There was work underway with housing re the STP although this was in its early stages. It was accepted that people's environment was critical to their health. All partners were required to be transparent about costs involved in the STP and it was hoped that any issues involving costs sharing etc could be resolved quite quickly. The Local Authority's financial gap was not included in the STP but would be picked up by the ACO work.

It was hoped there would be more buy-in from other councils in the STP area as political support was required from Councils in order to make the changes work. CB felt that if a strong case was made for the value of the STP then the business case would succeed but this again needed buy-in from all the Councils involved.

The Board **AGREED** that it should record its displeasure that NHS England would not allow the contents of STPs to be shared. CB would communicate this to NHS England.

The business case for the ACO set out to answer similar questions for the Barking & Dagenham, Havering and Redbridge area. The business case addressed how the financial challenge would be met and proposed a direction of travel for how this work could be delivered in partnership.

Work on localities was fundamental as this was considered the best way to transform health outcomes. The business case proposed how localities could be created and trialled. The aim of the programme was to put the person at the centre and focus on preventative care and the impact of areas such as housing, leisure and work.

A lot of progress had been made but it was accepted that this work remained a big challenge. It was planned to agree the business case for the ACO in September 2016 and a lot of engagement would be needed between the parties involved in the work.

The ACO was an overall vision but it would not be possible to cover care at all stages of life within the 18 month pilot period.

The Board **NOTED** the position with the ACO and STP.

7 JSNA PROGRAMME UPDATE

SM explained that the previous version of the JSNA had not been fit for purpose. The JSNA now consisted of a suite of web-based products including 'This is Havering' which showed facts and figures about Havering's population and was updated quarterly. The JSNA also included the Statement of Health and Social Care Needs of the Local Population which covered these issues at a high level and is updated annually.

Interactive ward health profiles have also been developed. These are web-based tool which allow comparisons of wards within Havering and with the national average for issues such as demography and health. The system was very simple to use and it was felt could also assist in place-based commissioning. The public were able to locate their ward by entering their postcode and then find information on any of 66 indicators on the system.

The age of the data used varied by indicator but was not more than 5 years old. Admissions indicators were based on yearly data and pooled overall. The use of nationally pooled data allowed standardisation and quality control. There were not currently any mental health indicators on the system although other data collection tools were also used as required. The ward health profiles were demonstrated to the board.

It was confirmed that more use would be made of infographics to put over information. The ward data was also fed into the ACO business case. For work on the ACIO and STP and the associated place based commissioning, the system may need to be reformulated in order to profile localities but the

framework to support this was already in place. Variations between different wards would also be taken into account.

An annual report of the Public Health Outcomes Framework for Havering was also provided to the Board.

8 DEMAND MANAGEMENT STRATEGY: CASE STUDY - SOCIAL ISOLATION

This project had been focussing on social isolation as the driver of increased demand for health and care services. JG explained that community navigators had been recruited to engage with people identified as being socially isolated and that a total of 275 cases had been identified within Havering.

Individuals responded in different ways to contact from the team and JG felt that some people used care workers as a proxy for social interaction and it was often very difficult to alter this. Nonetheless, a lot of successful outcomes had been seen from getting people to attend social or activity groups etc.

JG felt that more activities could be commissioned for people who were socially isolated. Personal assistants could perhaps be trained to assist people to get out of their homes more and transport options may need to offer more of a chaperone role in order to assist with this. JG also felt that facilities for groups needed improving and that people with similar interests could be brought together more than at present.

The work would now also seek to look at socially isolated people outside of the social care system. The emphasis was on social and physical rehabilitation which would also lead to a cost saving for the Council. Community navigators were persistent and contacted people several times but it was accepted that some people simply did not want any social interaction.

A digital solution – Vizbuzz had been taken on as part of the project which offered a Tablet with Facetime installed. This had been delayed due to technical problems although most users had responded positively.

The community navigators were linked to the NELFT Talking Therapies service and would refer people who they thought needed mental health services. A person's frailty index was also considered.

It was **AGREED** that the Board should receive a further update on this work in early 2017.

9 LAUNCH OF FACE TO FACE INTERVENTION (WORKING WITH CHILDREN IN SOCIAL CARE)

TA explained that there had been a large rise in demand for children's services and, in common with other areas, there was also difficulty in recruiting and retaining children's social workers. There was therefore a wish to transform services in order to work more directly with children and families.

Over the course of 2-3 years, it was planned to train all children's social care staff in systemic family therapy, establish a small team to model new ways of working and to pilot new working methods. This was with the aim of reducing the numbers of families requiring intervention.

DT explained that the systemic or family therapy approach moved the locus of intervention from individuals to relationships. Social care staff would look to help families change how they did things although it could be difficult to alter established family behaviour. All front line social workers and managers would therefore be trained in systemic therapy.

It was hoped this approach would also achieve better outcomes for staff, making then feel more valued and hence improve recruitment and retention. It was hoped the new programme would also lead to better retention of agency social workers. This would also allow the management of a rising population with more complex needs and a clinical team was currently being recruited to work with social workers.

The 15 day course for staff in systemic therapy would allow staff to view interaction with families in different ways and hence improve the quality of social work undertaken. Support and supervision for staff would also be altered with more use made of techniques such as peer supervision and discussion groups.

The Board **NOTED** the update and **AGREED** that details of the Open Dialogue technique used by NELFT should be brought to a future meeting.

10 FORWARD PLAN

It was **AGREED** that the following items would be added to the forward plan:

0-5s (TA)
Rainham and Romford Housing Zones (Neil Stubbings)
Open Dialogue update at next meeting (CW/Jacqui van Rossum).

11 DATE OF NEXT HEALTH AND WELLBEING BOARD MEETING

The next meeting of the Board would be held on 21 September 2016 at 1 pm in Havering Town Hall.

Chairman

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