MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Committee Room 3B - Town Hall
10 May 2017 (1.00 - 2.25 pm)

Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman), Gillian Ford and Roger Ramsey

Officers of the Council: Tim Aldridge (Director of Children's Services) Keith Cheesman, Adult Services (substituting for Barbara Nicholls) Mark Ansell, Interim Director of Public Health

Havering Clinical Commissioning Group (CCG): Alan Steward (Chief Operating Officer, Havering CCG) Dr Maurice Sonomi, Board Member, Havering CCG (substituting for Dr Atul Aggarwal)

Other Organisations: Anne-Marie Dean (Healthwatch Havering) Carol White (NELFT) (substituting for Jacqui van Rossum) and Ceri Jacob (NHS England)

Also Present:

Sarah Tedford, Chief Operating Officer, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Andrew Rixom, Consultant in Public Health
Gloria Okewale, Public Health Support Officer
Jenny Gray, Dementia Liaison Officer
Ian Tompkins, East London Health & Care Partnership
June Mackochie, East London Health & Care Partnership

All decisions were taken with no votes against.

37 WELCOME AND INTRODUCTIONS

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

38 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Robert Benham, Andrew Blake-Herbert, Barbara Nicholls (Keith Cheesman substituting) Dr Atul Aggarwal (Dr Maurice Sonomi substituting) Dr Gurdev Saini, Conor Burke, Matthew Hopkins and Jacqui van Rossum (Carol White substituting).

Apologies were also received from Philipa Brent-Isherwood (Head of Business and Performance) and Elaine Greenway (Acting Consultant in Public Health).

39 DISCLOSURE OF INTERESTS

The following interest was disclosed.

9. UPDATE ON STP

Councillor Gillian Ford, Personal, Family relationship to presenter of item (Ian Tompkins).

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

The minutes of the meeting held on 15 March 2017 were agreed as a correct record and signed by the Chairman. There were no matters arising not dealt with elsewhere on the agenda.

41 ACTION LOG

It was noted that the governance diagram and strategy dashboard had now been circulated to Members. The updated Board action log is attached to these minutes.

42 UPDATE ON REFERRAL TO TREATMENT DELAYS

A lot of work had taken place at BHRUT over the last two years to reduce delays to treatment. The Trust was ahead of its trajectory to meet the standard of 92% of patients treated within 18 weeks by September 2017. Clinical harm reviews had continued and no patients had come to serious harm while waiting for treatment.

The demand management programme established with local CCGs was working but there had not been any reduction in the number of referrals to hospital. There was now robust reporting in this area with externally assured processes and fortnightly meetings re delays to treatment were held between BHRUT and the local CCGs.

It was clarified that patients on a complex care pathway may not attend all their appointments but would be kept in the system until their treatment plan was sorted. Plans to deal with increased demand were already in place and pathways such as cardiology had been identified where work could focus on reducing referrals to hospital. More details of the Trust's work with GPs on this area could be shared with Healthwatch.

It was the responsibility of individual GP Practices to contact patients who did not attend hospital appointments. This was monitored by the CCG. Variations in referral rates between Practices would be addresse by the

Primary Care Networks planned by the CCG. A pathway for diabetic footcare was under development with the secondary care sector.

The Board:

- Noted the progress of RTT activity and the reduction in long waiting patients.
- Noted progress with the clinical harm reviews of long waiting patients.
- Noted the work and support BHRUT had given with the development of a system-wide RTT recovery plan in response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016.
- Agreed that a further RTT update should be made at the September 2017 meeting when the 92% standard should be being achieved in full.

43 DEMENTIA STRATEGY FOR SIGN OFF

The vision of the strategy presented to the Board reflected the objectives of the National Dementia Strategy. There were currently approximately 3,400 people with dementia in Havering and this was expected to rise to around 5,000.

A number of minor additions/amendments were suggested and agreed:

- It was agreed that the principle of supporting dementia sufferers in the workplace should be added to the strategy.
- Wording in the strategy re the Havering Memory Service would be clarified so as to be clear that everyone had access to Admiral Nurse support.
- A section addressing the health needs of carers would also be added.
- Wording would be clarified to show that the need for different levels of support as the disease progressed would be addressed through regular review and updating of an individual's care plan.
- Peer support needed to be supplied for different age groups with for example work in progress with leisure centres to provide activities for younger people with dementia.
- It was agreed that work to increase the Dementia Friends offer to schools should also include colleges and youth groups.

The Board agreed to support the Dementia Strategy, with the addition of the comments and suggestions shown above.

44 INTEGRATED CARE PARTNERSHIP

Officers explained that they wished to embed the Integrated Care Partnership within locality working. The boundaries for localities would

match those for the recently established Primary Care Networks. The boundaries had also been designed to take account of population growth over the next 5-10 years. It was planned to involve all stakeholders in this work and a Locality Design Group had been established including GPs, BHRUT, NELFT and Healthwatch representatives.

It was felt that the locality model would be closer to local communities, allowing local people to self care more. The locality model would be piloted for children's and adult services. Work on children's services would focus on mental health and in particular the transition from child to adult services. A virtual multi-disciplinary team was being trialled as part of the project. The adult services pilot would focus on intermediate care with an objective of establishing a single assessment for care plans. An Integrated Localities Project had also been established aiming to integrate services with NELFT as a service provider.

The proposals had been well received at Overview and Scrutiny Sub-Committees and the Over 50s Forum. Updates on the plans could be brought to the Board on a quarterly basis. Relationships with service users would continue to be developed and it was noted that a voluntary and community sector representative was a member of the Locality Design Group. Community engagement would also be covered in the pilot work. It was planned that families, carers and service users would be part of the work on the children's pilot. A communications plan was being developed for the adult services pilot and this could be shared with the Board.

The Board noted the report and agreed to receive updates on progress on a quarterly basis.

45 UPDATE ON STP

It was noted that the STP would now be known as the East London Health and Care Partnership. The on-line briefing room had been established and details would be circulated. A video on the Partnership had also been produced and was currently being reissued.

The Partnership agreement had been circulated and the Partnership would be officially launched on 3 July. This would be followed on 4 July by the first meeting of the Partnership Community Group. Invitations for this would be sent in the next week and Local Authorities were helping to identify local groups who could be invited. A Mayor and Leaders' Advisory Group had also been established and contact with relevant Local Authority directors was also under way.

The Joint Health Overview and Scrutiny Committees would be invited to become members of the Assurance Group and a programme of further engagement would take place over the summer period. It was noted that a Redbridge scrutiny topic group was looking at the proposals to close A & E at King George Hospital but this work had been placed on hold until after the General Election. It was hoped to have more Council involvement, particularly in for example the change and transformation programme which sought to encourage to more on-line services.

Members felt that the report should emphasise more the role of Councils and Social Care in the Partnership. Officers confirmed that workforce issues were the number one priority with a separate workstream on this within the Partnership. The establishment of an academy for staff was being considered as part of the Partnership work. Similar proposals were being considered for the Council's social care staff, perhaps in conjunction with London Borough of Redbridge.

It was acknowledged that key worker accommodation was also an issue. Councillor Ramsey asked for the Partnership to assist with NHS Property who were resisting efforts to put more key worker housing on the St George's Hospital site. Partnership officers were aware of this issue and wished to lobby as a Partnership and seek alternative funding streams. The matter was currently with the Mayor of London and policy guidance was awaited.

It was agreed that an update on the system delivery plan should be brought to the next meeting of the Board. The Board noted the report.

46 HEALTH AND WELLBEING STRATEGY: EXTENSION TO JUNE 2019

It was noted that the report before the Board should have referred to local elections in May 2018 being taken into account, rather than as stated. The report sought to extend the Health and Wellbeing Strategy by six months. This would allow the new Health and Wellbeing Board a period of one year following the local elections in which to agree a new strategy.

The Board agreed:

- That the current (refreshed) Health and Wellbeing Board Strategy be extended to June 2019
- That the new strategy be for the period July 2019 – June 2023.

47 REFRESHED HEALTH AND WELLBEING BOARD STRATEGY DASHBOARD/INDICATOR UPDATE

A small set of overall indicators was proposed to be received by the Board. Items about specific concerns held by Board members could then be added as required. The Board would also receive reports from constituent groups

and other relevant bodies. Work on the health equity audit would be presented by Public Health to the Board over the coming year.

A document seeking suggestions for indicators would be circulated to Board members and it was recommended the Chairman should sign off the final version of the indicator set which would then be brought to the next meeting of the Board. Officers would discuss the establishment of an indicator for self-directed support for children and young people. It could be possible to break down the indicators chosen by locality area.

The Board agreed:

- The approach as detailed in the report in principle.
- That Health and Wellbeing Board members would provide comments by 31 May to the Chairman via the report author on the content of the indicator set. Comments to include:

    - which indicators from the long list should be added to the final indicator set
    - acceptability of the approach to an annual cycle of reports
    - acceptability on the proposal for health equity audit and any suggestions for topics that should be considered

- That the Chairman may then take action to agree the final indicator set which takes into account feedback received.

48 **FORWARD PLAN**

The delays in referral to treatment item would be brought back to the Health and Wellbeing Board in September 2017. The update on the STP/Integrated Care Partnership would also be kept as a standing item.

Guidance on the Better Care Fund was still awaited but it was agreed to take this item at the July 2017 meeting if possible. The issue of self-harming would be included in the CAMHS transformation paper. The CCG items on Service Restriction and Prior Approval and the System Delivery Plan would be combined.

Forthcoming items on the Integrated Care Partnership, Drug and Alcohol Strategy and the Local Plan would be kept as scheduled. A work programme for the rest of the year would be brought to the next meeting.

49 **DATE OF NEXT MEETING**

The next meeting would take place on Wednesday 19 July at 1 pm at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following May 17 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.10	10 May 17	Alan Steward	Sarah Tedford, Louise Mitchell	An update on referral to treatment delays to be presented at September HWB meeting	20 September 17		
17.11	10 May 17	Gurdev Saini	Jenny Gray	Joint Dementia strategy to be updated with comments discussed at May HWB meeting	19 July 17		
17.12	10 May 17	Alan Steward, Barbara Nicholls	Keith Cheesman	An integrated care partnership (ICP), communications plan for the adult services pilot to be shared with HWB members.	19 July 17		
17.13	10 May 17	Alan Steward, Barbara Nicholls	Keith Cheesman	Quarterly progress report to be presented to HWB on the ICP	19 July 17		
17.14	10 May 17	All members	Elaine Greenway	HWB Members to provide comments on the refreshed health and wellbeing board strategy dashboard/indication for July HWB meeting	31 May 17		

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