

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
15 November 2017 (1.00 - 3.05 pm)**

Present:

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

Officers of the Council: Andrew Blake-Herbert, Chief Executive, Tim Aldridge, Director of Children's Services, Barbara Nicholls, Director of Adult Services, Mark Ansell, Interim Director of Public Health.

Havering Clinical Commissioning Group (CCG): Dr Gurdev Saini, Board Member, Gina Shakespeare, Director of Delivery and Performance, BHR CCGs

Other Organisations: Anne-Marie Dean, Healthwatch Havering, Carol White (North East London NHS Foundation Trust (NELFT) (substituting for Jacqui van Rossum).

Also present: Elaine Greenway, Acting Consultant in Public Health, Lukas Van der Steen, Development Planning Team, Lee Salmon, Learning Disabilities and Autism Commissioning Manager, Anthony Clements, Principal Democratic Services Manager.

30 WELCOME AND INTRODUCTIONS

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

The Chairman welcomed to the Board Gina Shakespeare, Director of Delivery and Performance, BHR CCGs who replaces Alan Steward as Havering Clinical Commissioning Group member.

31 APOLOGIES FOR ABSENCE

Apologies were received from:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group (CCG)
Conor Burke, Accountable Officer, Barking, Havering and Redbridge CCGs
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jacqui Van Rossum, North East London NHS Foundation Trust (NELFT) (Carol White substituting).

32 DISCLOSURE OF INTERESTS

Agenda Item 14. East London Health and Care Partnership Update.

Councillor Gillian Ford, personal interest disclosed, family relationship to report author.

33 **MINUTES**

The minutes of the meeting held on 20 September 2017 were agreed as a correct record and signed by the Chairman.

There were no further comments on the notes of the inquorate meeting of the Board held on 20 September 2017 and the following items were therefore agreed by the Board:

AGENDA ITEM 13: THE DEVELOPMENT OF A JOINT HAVERING AND BARKING & DAGENHAM SUICIDE PREVENTION STRATEGY

It was noted that this strategy was required to be agreed by the end of 2017.

It was agreed:

- to note that that there is a joint strategy in development
- to receive and comment on the final draft strategy and action plan in November 2017
- that, in order to meet the deadline that plans be produced by end 2017, the Chairman may subsequently take action to approve final versions of the strategy and action plan
- to confirm that, for Havering, the governance of the Suicide Prevention Strategy will be to the Mental Health Partnership Board (the governance of the MHPB is to the HWB)

AGENDA ITEM 14: EAST LONDON HEALTH AND CARE PARTNERSHIP

Work on the partnership (ELHCP) was linked to the emerging Accountable Care Systems and involved not just NHS and Local Authority staff but also the voluntary sector and organisations such as Healthwatch. Work was continuing on the payments systems issue and there would be further engagement on this.

A health and housing conference had been arranged for 18 October and thanks were recorded to Andrew Blake-Herbert and Barbara Nicholls for their agreeing to participate. A Flu campaign would commence on 9 October and a NHS winter plans campaign was scheduled for November 2017.

It was noted that the London Fire Brigade was keen to be involved with health work and include this in the Brigade's visits to schools.

The report was noted.

34 **ACTION LOG**

It was confirmed that all items on the action log had now been delivered.

35 **TERMS OF REFERENCE - REVISION RE ALTERATION OF QUORUM**

A report of the Principal Committee Officer recommended amending the Board's terms of reference in order that the quorum for a meeting be reduced from nine to six members of the Board. This was in accordance with the standard quorum for meetings of Council Committees and would assist smooth running of meetings by reducing the number of instances that meetings of the Board were inquorate.

The Board **AGREED**:

That the relevant paragraph of the 'Reporting and Governance' section of the Board's terms of reference be amended to read as follows:

- The Board is quorate when 6 members are present, providing that there is one representative from each of the following stakeholder groups, Elected Members, Officers of the Council, Havering Clinical Commissioning Group and Other Organisations.

36 **LOCAL PLAN DEVELOPMENT**

It was noted that the Local Plan set out where development would be directed in the next 15 years and how this would be managed.

LVdS described how Planning and Public Health officers had undertaken a Health Impact Assessment (HIA) of the Local Plan to maximise the positive health impacts and mitigate any potential harms identified.

A number of amendments to the draft Plan had been made as result. These include a new policy requiring developers to undertake an HIA of proposals for any major property development in the borough.

MA added that the HIA of the draft Local Plan would be the focus of the 2017 Annual Report of the Director of Public Health.

The Leader of the Council added that the minimum housing targets imposed on the Council would require extra resources for health facilities and it was essential that this was taken into account by Central Government and the Mayor of London.

Joint working between the Council and the CCG to develop an Infrastructure Delivery Plan was discussed.

It was noted that a report would be taken to Cabinet shortly on the Bridge Close development which would include proposals for a new health centre and school.

Members asked for an update on progress of the St George's Hospital development and plans to recruit more GPs in Havering. It was also noted that the East London Health and Care Partnership was developing a full estates strategy.

The Board **NOTED** the report.

37 **PUBLIC HEALTH OUTCOMES FRAMEWORK**

The PHOF is reported to the Board annually and gives an overview of the health and wellbeing of local residents and the delivery of key preventative interventions e.g. immunisation and screening.

The PHOF demonstrates that health outcomes for Havering residents are generally similar to if not better than the national average e.g. life expectancy.

However, a number of indicators where performance was less good were highlighted. This included the percentage of adults with learning disabilities living in stable accommodation. Further information was requested from Public Health about the definition of this indicator and if / how it might differ from similar indicators monitored by Adult Social Care.

It was noted that there was some overlap between the PHOF and the NHS and adult social care outcome frameworks that would be presented to the H&WB later in the year.

It was suggested that presentation of the 3 outcome indicator sets might help the Health and Wellbeing Board identify priorities to be addressed in a revised Joint Health and Wellbeing Strategy (JHWBS) for the 2018-22 period. A number of indicators were noted in this regard.

ABH noted that the JHWBS might also look at the challenge demographic growth and change poses to health and social care services in the borough.

The Board **NOTED** the report.

38 **INTEGRATED CARE PARTNERSHIP/LOCALITY WORK**

It was noted that the BHR Joint Commissioning Board (JCB) had agreed three priorities for action in 2018 : -

- Intermediate care
- Children and young people including those with SEND
- Diabetes.

Governance was to the Integrated Care Partnership Board.

On the other side of the developing Accountable Care System, the provider alliance had now met and was discussing ways in which providers could come together to operate in different ways.

There was a commitment to deliver services at locality level where possible. Three localities were being developed for Havering and work was in progress to ascertain what social care staff needed in each locality. A workshop with the locality design group would also consider how best to link with partners such as housing, GPs, pharmacies and community groups.

In addition, a pilot was underway in the north locality looking how this wide partnership of organisations could at supporting families for statutory intervention.

Members noted that a further review of plans to close A & E at King George Hospital had been announced.

The Board **NOTED** the progress reported and **AGREED** to receive further regular reports on these issues.

39 **DRAFT HAVERING AUTISM STRATEGY**

Officers advised that the strategy had been based on national guidance and policy but with a local focus. The strategy would cover five years and it was hoped to launch the strategy in February 2018.

The current diagnostic pathway for high functioning autism had received mixed feedback. Improving support to this group e.g. regarding support to find and maintain work was a priority. Service users had also input into the strategy. Regular updates on progress could be given to the Board and the Board was also asked to consider the front cover of the strategy which had been agreed by the steering group.

The Autism Partnership Board was co-chaired by Councillor Wise and a person with autism. The Council's head of disabilities was a member and there was also representation from Children's Services and Job Centre Plus. There was currently no CCG lead for autism.

A member of the Board suggested some possible changes to the front cover. This feedback would be taken by officers to the steering group but service users had shaped the existing design.

Data for young people with autism was tracked by officers.

Concern was raised by a Board member regarding how the strategy would be implemented. It was also felt important that there should be more empowerment of adults with disabilities. Officers responded that a detailed action plan for the proposals would be produced and that it was possible that some work could be undertaken jointly with Redbridge and Barking & Dagenham.

The Board **AGREED** to formally ratify the draft Havering Autism Strategy and for this to be taken forward.

The Board **AGREED** that progress updates on implementation of the strategy should be brought to the Board.

40 **MAYOR OF LONDON DRAFT INEQUALITY STRATEGY**

The Board **NOTED** that the Mayor of London's draft Health Inequalities Strategy was now open for consultation.

41 **SUICIDE PREVENTION STRATEGY**

It was noted that all Local Authorities were required to have a local strategy on suicide prevention by the end of 2017. A joint multi-agency steering group had been established.

Havering suicide rates were lower than the national average. It was aimed to reduce suicide rates by 10%, during the lifetime of the local strategy

The strategy described six high level priority actions to reduce rates of suicide and to improve support for people affected by suicide.

It was suggested that the implementation of the strategy should take into account places of safety and the role of schools. It was suggested that awareness raising and training were important, including for GPs and for elected members.

The Board:

1. **AGREED** that comments on the draft strategy should be submitted to the author by 1 December 2017.
2. **AGREED** that the Chairman may take Chairman's action to sign off the final version of the strategy on behalf of Havering Health and Wellbeing Board (by 31 December 2017)
3. **AGREED** to receive an annual progress report on the implementation of the strategy's action plan and its impact on suicide rates.

42 **PHARMACEUTICAL NEEDS ASSESSMENT**

The current Pharmaceutical Needs Assessment (PNA) for Havering was due to expire in March 2018. A new PNA for Havering, Barking & Dagenham and Redbridge was currently being drafted. All member organisations of the Health and Wellbeing Board were statutory consultees and consultation would also be held with local residents. The final PNA would be brought back to the Board in March 2018.

It was anticipated that no new pharmacy premises would be required by the Board in the period covered by the PNA up to March 2021. A member

raised the issue of the loss of expertise to internet-based pharmacies and officers agreed that the community pharmacy landscape was changing. A change in the NHS funding model was likely to see a significant reduction in the number of pharmacy premises. There were likely however to be nearby alternatives if pharmacies had closed. The process for how the NHS released patient details to internet pharmacies would be investigated by officers and shared with the Board.

The location of pharmacies who could give access out of hours to end of life medication was mapped by officers and details were published by the CCG although Board members felt that this information was not clearly available on the internet. It was suggested that such information could also be published in the Council's Living magazine.

The Board **NOTED** the launch of the public consultation about the Havering PNA and **AGREED** to encourage their own organisations to respond as statutory consultees as appropriate.

43 **EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE**

The Board noted the update on the East London Health and Care Partnership work.

44 **HEALTH AND WELLBEING INDICATOR SET (FOR INFORMATION)**

The Board noted the additional information on Referral to Treatment Times and that the target of 92% of patients receiving treatment within 18 weeks was now on the dashboard. Performance had dipped slightly below the target in recent weeks. This was likely to lead an escalated process of enquiry and work was in progress to understand the reasons for this deterioration in performance.

It was **AGREED** that an update on Referral to Treatment Times would be taken at the next meeting of the Board.

45 **FORWARD PLAN**

It was **AGREED** that suggestions for the Board's forward plan should be sent to Public Health.

46 **DATE OF NEXT MEETING**

The next meeting of the Board would be on Wednesday 31 January 2018 at 1 pm at Havering Town Hall.

Chairman