

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 3A - Town Hall
14 March 2018 (1.00pm – 2.55pm)**

Present:

Elected Members: Councillors Wendy Brice-Thompson (Chairman) and Roger Ramsey.

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

Havering Clinical Commissioning Group (CCG): Steve Rubery, Interim Director of Delivery and Performance Barking, Havering and Redbridge Clinical Commissioning Group

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering and Mateen Jiwani, Associate Medical Director, Barking, Havering and Redbridge University Hospitals NHS Trust.

Also Present: Phillipa Brent-Isherwood, Assistant Director of Policy, Performance and Community, Trevor Cook, Assistant Director Children's Services (Education), Elaine Greenway, Acting Consultant in Public Health, Victoria Freeman, Democratic Services Officer, Caroline Penfold, Head of Children's and Adult with Disabilities Service (Learning and Achievement) and Ian Tompkins, Director of Communications and Engagement, East London Health Care Partnership.

47 CHAIRMAN'S ANNOUNCEMENTS

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.

48 APOLOGIES FOR ABSENCE

Apologies were received from:

Councillor Gillian Ford, Elected Member, London Borough of Havering
Tim Aldridge, Director of Children's Services, London Borough of Havering
Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group
Dr Gurdev Saini, Board Member, BHR CCG
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals' NHS Trust (Mateen Jiwani substituting)
Ceri Jacob, Barking, Havering and Redbridge University Hospitals' NHS Trust
Jacqui Van Rossum, North East London NHS Foundation Trust

49 **DISCLOSURE OF INTERESTS**

There were no declarations of interest made in any of the items on the agenda.

50 **MINUTES**

The minutes of the meeting held on the 15 November 2017 were agreed as a correct record and signed by the Chairman.

51 **HEALTH AND WELLBEING BOARD ACTION LOG**

It was confirmed that all items on the action log had either been delivered or were on the agenda.

52 **HEALTH AND WELLBEING BOARD INDICATOR SET MARCH 2018**

Members received the Health and Wellbeing Board Indicator set which provided an overview of the health of residents and the quality of care services available to them. Some of the indicators had been refreshed.

It was highlighted that childhood obesity continued to worsen and that the Board would receive a more detailed report regarding the Obesity Strategy at their meeting in July 2018.

RESOLVED:

That the Board noted the changes.

53 **HAVERING SAFEGUARDING CHILDREN BOARD AND HAVERING SAFEGUARDING ADULT BOARD 2016/17 ANNUAL REPORT**

The Board received the annual reports of the Havering Safeguarding Children's Board and the Havering Safeguarding Adults Board, which highlighted the strengths and weaknesses of the multi-agency safeguarding systems for adults and children as of the end of the 2016/17 financial year. The reports highlighted the work of the boards and the future challenges and set out the work of the statutory partners including individual agency challenges.

The focus of the Havering Safeguarding Children's Board over the past year had been on addressing issues identified in the 2016 Ofsted Inspection. Although the Ofsted recommendation was 'requires improvement,' their report acknowledged that major structural changes to children's services were already underway to introduce the 'Face to Face' approach.

The Metropolitan Police Basic Command Unit (BCU) model had significantly positively impacted on safeguarding in Havering. This model was now being rolled out to create 12 BCUs across London.

Members attention was brought to the two serious case reviews which had progressed during 2016-17 and issues pertaining to the provision of transitional support from childhood into adulthood were highlighted. The importance of hospitals in responding to injuries was noted and members were recommended to read the extensive case review and their associated recommendations.

Members discussed the provision of support available for young carers and Looked after Children. The Safeguarding Board were aware that there were more carers than reported and this would be monitored and carers supported. Training had been provided to a group of care leavers to support them in the production of a documentary about their journey. The Board asked to be notified when the documentary became available.

Members requested that an exempt document containing data on incidences of cases referred to courts be circulated to the Board.

Havering Safeguarding Adults Board was funded under arrangements set out in the Adults Care Act 2014, with the contribution from member organisations agreed locally. It was highlighted that the board were operating under financial constraints.

RESOLVED:

That the Board considered the reports and agreed to take into account the issues raised when considering future planning of services for vulnerable adults and children in Havering.

54 **HIGH NEEDS REVIEW AND STRATEGY**

The High Needs Strategy set out Havering's vision for improving the provision for children and young people with high needs and their families. The strategy had been developed following the review of high needs provision which involved consultation with a wide range of stakeholders.

The main findings identified from the consultation were:

- A need to use resources wisely to ensure needs could be met across the spectrum with appropriate levels of support.
- A need to support providers, working with all ages of children, to develop the most inclusive services possible.
- That work should be with providers, schools and colleges to improve attainment amongst children with Special Educational Needs and Disabilities (SEND) whether they have an Education, Health and Care Plan (EHCP) or not.
- A need to improve information for children, young people and parents so options, services and pathways are clearer.
- A need to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental

Health Needs (SEMH); from early years, through school and into adulthood.

- A need to improve data gathering (including how schools record data) so that needs could be met appropriately as they develop and changed.

Members discussed parent/carer communication and noted that some parents continued to want their child's needs to be met out of borough rather than met by local provision. This increased the likelihood of transitional difficulties and had a financial impact on the borough. The strategy promoted work with local providers to increase capacity. An application had been made for a special school in the borough for 3-16 years olds, to focus on more complex needs; and a recommendation had been made to change the funding regime for individual schools with children with educational health care plans to allow them to receive increased funding. It was noted that the borough had received positive initial feedback from its recent Special Educational Needs inspection.

RESOLVED:

That the Board approved the High Needs Strategy so that the actions detailed in the action plan (Appendix 1) could be taken forward.

55 HAVERING END OF LIFE CARE ANNUAL REPORT 2017/18

Havering Clinical Commissioning Group (CCG) had made significant progress and had achieved the highest reduction in percentage of deaths in hospital compared to other CCGs in London. The CCG had agreed to extend their contracts with hospices to 2019.

RESOLVED:

That the Board noted the report and commended the progress made with End of Life Care in Havering during 2017-18.

56 UPDATE ON EAST LONDON HEALTH AND CARE PARTNERSHIP AND NEL SUSTAINABILITY AND TRANSFORMATION PLAN

Mr Ian Tompkins, Director of Communications and Engagement, East London Health Care Partnership, provided the Board with a further update on the development of the East London Health and Care Partnership and the Sustainability and Transformation Plan.

The Partnership's top priority was the reduction of the pressures on hospitals and accident and emergency departments, when often people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

Significant improvements were being made by joining services up and people were starting to benefit. The Partnership had received funding to

assist in quick diagnosis and treatment of cancer and would aid the East London Cancer Campaign, to promote early detection, the key to effective treatment and recovery. Local maternity service provision was being developed across east London, to recruit and retain staff, with the involvement of NHS trusts and neighbourhood midwives.

To assist with recruitment and retention of health care staff across London, consideration was being given to the provision of key worker accommodation. The building of a web portal would be launched in due course, with involvement of colleges and universities to ensure a joined-up east London health and care presence at recruitment fairs.

The Partnership was shaping the way it tackled its priorities around Barking, Havering and Redbridge; City of London and Hackney; Newham; Tower Hamlets and Waltham Forest and would drive forward issues such as good quality urgent and emergency care for East London; the availability of special clinical treatment; better use of buildings and facilities; the recruitment and retention of doctors, nurses and other health and care professionals; an increased use of digital technology to speed up the diagnosis and treatment of illness; and ways of working that will put a stop to duplication and unnecessary expense. The biggest single factor in the long term was to prevent ill health and deaths caused by the effects of lifestyle choices such as poor diet, lack of exercise and smoking.

The organisations behind the East London Health and Care Partnership included Clinical Commissions Groups, Provider Trusts and Councils. The new commissioning arrangements aimed to ensure that commissioning was integrated around local people and significantly improved both services and health outcomes, by developing prevention and self-care; better primary and community services so that services were closer to home; and demand and capacity planning across hospitals.

RESOLVED

That the report be noted.

57 HEALTH AND WELLBEING BOARD STRATEGY

Members received a report which recommended the extension of the current strategy for a further 12 months, which would allow for sufficient opportunity to consider what to prioritise, consider implications of recent developments in the structure of the health and social care landscape, and take into account anticipated changes to the Board's membership. The current strategy had a broad range of priorities, which would continue to inform the scheduling of reports received at the Board whilst a new strategy was being developed

RESOLVED: That

- i) The HWB agrees to extend the current strategy for a further 12 months (to end 2019).**
- ii) The HWB receives a presentation on the JSNA in July 2018.**

58 UPDATE ON REFERRAL TO TREATMENT (RTT) DELAYS

The Board received an update on Referral to Treatment (RTT) Delays, during which it was explained that significant issues were identified with how BHRUT had historically reported RTTs and since the issues had been identified, work had been undertaken to recover its RTT position and implement a Recovery and Improvement Plan.

The aim was to reduce demand on the trust and for patients to be seen within the required time. In June and July 2017, the national RTT incomplete standard of 92% was met and this was achieved three months ahead of the agreed recovery plan. However, the target had not been sustained and a revised recovery plan had subsequently been introduced. Reasons for not delivering the national standard was due to referral levels, sub-speciality clinical capacity issues and the closure of dental services.

RESOLVED That the Board noted that:

- i) BHRUT had narrowly missed the 92% standard.**
- ii) Plans were in place to return to delivering the national RTT standard by April 2018.**

59 PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 FOR CONSULTATION

The consultation period for the Pharmaceutical Needs Assessment (PNA) ended on the 5th January 2018 and the feedback had been incorporated into the revised document presented to the Board.

The main purpose of the PNA is to inform decisions by NHS England on market entry of new pharmacies into Havering in the three years to 2021. There is detailed guidance on the format of a PNA which NHS England uses to assess the consultation document. NHS England's comments have all been addressed in detail in the final document.

The final document meets the Board's statutory requirement to produce a PNA.

As a separate issue, the Chair was requested to highlight concerns to NHSE regarding pharmacy provision in the Harold Wood Walk-in Centre following comments by Healthwatch that the Healthwatch Board had formally opposed the decision to remove a pharmacy at the Polyclinic/Walk-in Centre. Healthwatch Board's view being that wherever it was possible to join-up primary care provision to make it quicker and simpler for the patient

and carers then every effort should be made to do so and it was disappointing for residents who had benefited from this pharmacy provision for over 5 years to lose this facility.

RESOLVED:

That the Board agreed that the PNA would be published on the Council's website.

60 FORWARD PLAN 2017/18

The Board received the forward plan for 2017/18. Healthwatch Havering requested that their report 'The Services in Havering for People who have Visual Impairment' be added to the forward plan for presentation at the next meeting.

RESOLVED:

That the Board received and agreed the Forward Plan.

61 HAVERING LOCAL ACCOUNT 2016/17

The Board received the local authority's Local Account of its adult social care activity. The document explained what services the local authority support and spend money on; what the local authority had achieved; the changes and challenges the local authority faces and its ambitions and plans for further improvement.

RESOLVED:

That the Board noted the Local Account 2016/17 prior to publication.

62 DATE OF NEXT MEETING

The next meeting of the Board was scheduled to be held on the 11th July 2018, commencing at 1.00pm.

Chairman

Health and Wellbeing Board Action Log (following March 2018 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
17.26	14.03.18	Mark Ansell	Victoria Freeman	Members requested to be notified when the documentary produced by a group of care leavers became available.			
17.27	14.03.18	Barbara Nicholls / Tim Aldridge	Brian Boxhall	In terms of safeguarding, members requested that the exempt document containing data on incidences of cases referred to courts be circulated to the Board.			
17.28	14.03.18	Mark Ansell	Andrew Rixom	The Board asked to receive a presentation on the JSNA in July 2018.	11.07.18		
17.29	14.03.18	Ann-Marie Dean	Ann-Marie Dean	Healthwatch Havering requested that their report 'The Services in Havering for People who have Visual Impairment' be added to the forward plan for presentation at the next meeting.	11.07.18		Completed: item on July agenda