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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Committee Room 3B - Town Hall 29 January 2020 (1.00 - 3.10 pm)

Present:

Elected Members: Councillors Jason Frost (Chairman)

Officers of the Council: Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health) and Darren Alexander (Assistant Director of Housing Demand) as a substitute for Patrick Odling-Smee (Director of Housing)

Havering Clinical Commissioning Group: Steve Rubery (Director of Commissioning & Performance, BHR CCGs)

Healthwatch: Anne-Marie Dean (Healthwatch Havering) and Fiona Peskett (BHRUT), Paul Rose (Chair, Havering Compact) and Carol White (NELFT)

Also Present: Dr Meera Kalathara (Havering Health Board Member)

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

42 APOLOGIES FOR ABSENCE

Apologies were received for the absence of Councillor Damian White (London Borough of Havering), Councillor Robert Benham (London Borough of Havering), Councillor Nisha Patel (London Borough of Havering), Andrew Blake-Herbert (Chief Executive, London Borough of Havering), Robert South (Director of Children's Services, London Borough of Havering), Ceri Jacobs (Managing Director, BHR CCGs), Jacqui Van Rossum (Executive Director Integrated Care, NELFT), Dr Atul Aggarwal (Chair, Havering Clinical Commissioning Group) and James Moore, Head of Delivery, Improvement and Transformation NHS England

43 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

44 MINUTES

The minutes of the meeting of the Board held on the 27th November 2019 were agreed as a correct record and signed by the Chairman.

45 MATTERS ARISING

There were no matters arising.

46 **HEALTH AND WELLBEING BOARD REVISED TERMS OF REFERENCE**

The Board members considered and agreed the updated Health and Wellbeing Board Terms of Reference.

47 **HEALTH AND WELLBEING STRATEGY CONSULTATION REPORT**

The Board members were presented with a draft Health and Wellbeing Strategy Consultation report.

Members noted that there had been a total of 218 responses; 36 through face to face engagement, 8 from organisations/services and 210 individual responses. Organisations mainly agreed with the strategy and individuals agreed with the individual priorities. Members stated that they would have liked to have had more engagement from non-partner organisations.

The Board **approved** the consultation report.

48 **SOCIAL PRESCRIBING**

The report presented by Havering Federation, on behalf of Primary Care Networks (PCNs), gave the Board an update on the progress of the development of GP social prescribing in Havering.

Social prescribing through PCNs was an important part of the NHS Long Term Plan and link workers will work as key parts of the expanded primary care team. Members noted that some PCNs had already made arrangements regarding recruitment of link workers. Council officers were keen to facilitate discussions between PCNs and the community / voluntary sector locally that might offer an effective solution in the longer term. The Board welcomed the introduction of link workers as additional and complementary to other schemes (Local Area Coordinators and Compendium connectors), as presented to the Board in November 19. Collectively these were viewed as offering opportunity to improve outcomes for vulnerable residents and manage demand for health and social care services.

The committee noted that services such as Housing, DWP, etc and local VCS would need to work alongside social prescribers and local area coordinators to maximise benefits.

The Board:

- **Noted** the progress update, and took into account reports received in November 2019 regarding Local Area Co-ordination and Compendium Connectors.
- **Agreed** for an update to be presented at the next Board meeting outlining how all the approaches presented might be integrated into a

single coherent model that maximises benefits to residents and reduces avoidable use of care services.

49 **BHR JOINT STRATEGIC NEEDS ASSESSMENT**

The report presented to the Board described the development of the Joint Strategic Needs Assessment (JSNA) for the BHR Health and Social care system which was requested by the Integrated Care Partnership Board in the summer of 2019.

A first draft was produced across the 3 Borough's Public Health teams and in partnership with various Transformation Boards. The JSNA structure came from the 4 pillars as set out by the King's Fund population health model:

1. The wider determinants
2. Health related behaviours
3. The communities/places in which we live
4. Integrated health and social care services

Members noted that the relationship between the Council and clinicians and health professionals would be important. Members were advised that the Integrated Care Partnership Board accepted the recommendations put before them, subject to testing, but noted that the recommendations may not be implemented at the same time.

50 **HOMELESS PREVENTION AND ROUGH SLEEPER STRATEGY 2020-2025**

The report presented to the Board outlined the homelessness and rough sleeper prevention strategy for 2020-2025.

The Board members noted that there was good engagement from residents but wider partners did not engage as much. Members noted that the demands of the Borough's homeless were managed through effective pathways and the Council has a target to end rough sleeping by 2022 as the number of rough sleepers had decreased from 8 to 3 at the last count. Members were advised that supporting vulnerable residents that have previously been homeless is a key area for the Council to focus on.

Members noted that there was a more dynamic approach to tenure and tenancy rights of tenants and if tenants are engaging in antisocial behaviour near their property, they can be moved to accommodation in an alternative location.

All members of the H&WB were encouraged to comment on the strategy before the consultation closed.

The Board **noted** that the outcome of the consultation will inform and shape the final Strategy and its future priorities before final approval is sought from Cabinet.

51 **THE NHS LONG TERM PLAN RESPONSE ACROSS ELHCP**

The report presented to the Committee outlined the response from the East London Health & Care Partnership (ELHCP) to the NHS Long Term Plan.

The Board noted that the plan had come from a local level and the draft had been uploaded to the NEL website in November 2019. The Board noted that the length of the document is a drawback but the Board was advised that a revised and shorter document would be ready by the middle of February. The plan was described as being skewed towards the NHS but had lots of involvement from Local Authorities.

Members noted that the national budget would be set on the 11th March 2020 and system operation planning would start in spring 2020 and the NHS' People Plan is also due to be published in spring 2020.

Members of the Board noted the historical under funding of key infrastructure (e.g. IT) underpinning the future development of health care in the borough and queried whether ELHCP would prioritise bringing all parts of NEL up to a consistent level before investing more in areas that already had much greater capability. Members noted the regeneration agenda in the borough and that this was both a challenge (as a result of population growth) as well as an opportunity to improve quality and consolidate public services in better, more cost effective premises.

The Board:

- **Noted** the next steps in developing our response to the LTP, as well as note the ELHCP LTP Implementation Update.
- **Requested** the Director of Housing and the Director of Regeneration and NHS counterparts co-present an item at a future meeting re. realising the potential opportunities for health care services from regeneration.

It was requested that relevant BHRCCGs / ELHCP leads present to a future board meeting regarding plans to accelerate adoption and support delivery of integrated health and social care services in Havering.

52 **NORTH EAST LONDON PRIMARY CARE UPDATE**

The report presented to the Board outlines the STP Primary Care strategy that was submitted to the NHS England in June 2019. The strategy is based on the 7 existing primary care CCG strategies and the NHS long term plan. Members noted that the strategy outlines 3 key work streams:

- 1) Quality and Efficiency,
- 2) Workflow optimisation, and;
- 3) New models to improve CQC rating

The Board noted that areas of focus in these 3 work streams were:

- Using remote consultations,
- A salary to portfolio scheme,
- Reviewing future workforce requirements, and;
- Training and development

It was noted that different areas have different requirements so the strategy has to be clear and suitable for Havering and partnerships between BHR, NELFT, PCNs and Havering have to be built upon. Members discussed new development and training hubs across Havering, with the view to engaging with health partners to ensure the highest efficiency and quality of training can be offered.

Board members would like specialist names and abbreviations to be universal to prevent future confusion.

The Board:

- **Noted** the report and appendices

53 **HAVERING LOCAL ACCOUNT 2017/2019**

The government requires each local authority to publish annually a Local Account of its adult social care activity. The report presented to the Board explained that Local Accounts provide a key mechanism for demonstrating accountability for performance and outcomes, and can be used as a tool for planning improvements.

The Board agreed that the document gave an accurate reflection of Havering's adult social care and Board members complimented the style and aesthetics of the document. Members noted that the document would then be ready to be published on the Council's website.

The Board:

- **Noted** the Local Account 2017/19 prior to publication.

Chairman

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