

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

TUESDAY, 14TH JANUARY, 2020

Present: Mayor Philip Glanville (Chair) (Hackney Council)
Dr Mark Ricketts (Vice Chair), (Chair, City and Hackney Clinical Commissioning Group), Dr Navina Evans (Chief Executive, East London Foundation Trust), Rupert Tyson (Chair, Hackney Healthwatch), Deputy Mayor Antoinette Bramble (Hackney Council), Anne Canning (Group Director, Children, Adults and Community Health), David Maher (Managing Director, City and Hackney CCG), Catherine Pelley (Homerton University Hospital NHS Foundation Trust), Raj Radia (Chair, Local Pharmaceutical Committee), Laura Sharpe (GP Confederation), Dr Sandra Husbands (Director of Public Health)

Also in Attendance: Mark Scott (Deputy Director of Transformation PMO, ELCP, Jon Williams (Hackney Healthwatch) Peter Gray (Governance – Hackney)

1 Apologies for Absence

1.1 Apologies for absence were submitted on behalf Dr Mark Ricketts and Alistair Wallace for lateness

2 Minutes of the Previous Meeting

2.1 The minutes of the previous meeting were agreed as a correct record.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 New Member of the Health and Wellbeing Board

4.1 Mayor Glanville welcomed Dr Sandra Husbands (Director of Public Health) as a member of the Health and Wellbeing Board. Sandra Husbands told the Board that she had most recently work in Wales but was a native of Hackney. She was now in post for three months.

5 Safeguarding Adults Board - Annual Report 2018/19

5.1 Anne Canning presented the City and Hackney Safeguarding Adults Board Annual report. She paid tribute to the work of Adi Copper who was unable to attend the meeting. She referred to the Safeguarding Board as effective and working well. Anne Canning told the Board that one third of enquiries had led to a section 42 inquiry. She stressed the importance of those accessing the service to feel confident in doing

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so. Three quarters of those spoken to had confirmed that their needs had been met by the service. Seeking feedback on services was a high priority and the general statistics had improved. One of the key roles of the Board was to be involved when things go wrong.

5.2 Anne Canning referred the Board to the SAR referrals in 1918/19 of Ms Q and Ms F. In the case of MS Q the SAR referral identified that a number of agencies had been involved in providing care to Ms Q and that there may have been a lack of effective agency work in managing identified risk to Ms Q including self-neglect. Ms F's mattress had deflated and it had taken 7 days to fix, causing her significant harm. The risks to Ms F had not been recognised. Anne Canning referred the Board to the death of Mr S in a Bus Shelter in the Borough.

5.3 Anne Canning stressed the need to get the message on safeguarding out into the Community. Safeguarding champions in the community were working to raise awareness of safeguarding across community groups in the City and Hackney. There had been a number of workshops on this with champions attending the safeguarding board. Two Safeguarding Adults Reviews had been published regarding Hackney residents, helping the Council to identify what needed to be improved on to support adults at risk of abuse and neglect in the community.

5.4 Anne Canning told the Board that work on modern-day slavery and recording guidelines remained on-going and had not yet been finalised. The focus of the modern day slavery group was to raise awareness about this issue and provide training.

5.5 Jon Williams told the Board that discussing safeguarding with the public remained a challenge and that the public felt an anxiety about reporting.

5.6 Carol Akroyd (keep the NHS public) spoke to the Board, stating that migrants were being negatively impacted by changes in NHS charging policy, making access to NHS care more difficult. Senior doctors were looking at ways to ensure that there was access to the services. Catherine Pelley told the Board that bills sent out were accompanied by debt management advice. There were not many people attending and much of the service was free. Work would be undertaken with the migrants centre on this matter. Jobs Williams indicated that work was ongoing on this matter.

5.7 Councillor Bramble reported work with the Adults Safeguarding Board providing insight into the transition into adulthood. Anne Canning confirmed that children's social workers consult with adult social worker on courses of action. There was a shared understanding of what was common to all through the points of transition from childhood to adulthood. She stated that when vulnerable young people move through the system, such as young people with SEND, often they did not receive the same level of support.

5.8 The Mayor Philip Granville stressed the need for the provision of a consistent standard of safeguarding regardless of status or financial resources together with the importance of hearing the voice of service users. He referred to the fact that the SAR referrals had raised the challenge of meeting service user expectations and ensuring effective safeguarding responses. Anne Canning confirmed that safeguarding met the needs of the most vulnerable in the Borough. The experience of migrant groups and the very vulnerable would be monitored to ensure that they are being reached by the service. David Maher confirmed that the service was driven by a culture of humanity.

5.9 The points made at by the Board would be fed back to Adi Copper.

6 Developing a local response to the NHS Long Term Plan

6.1 Mark Scott (Deputy Director of Transformation, PMO, ELCP) presented to the Board on how the NHS was to plan the delivery on its commitments. It outlined how the NHS would give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people to age well. Work had been ongoing locally to plan how the long term plan's commitments would be delivered over the next five years. On 15 November the document had been submitted to NHS England as draft because of the pre-election purdah period. The draft was now on the website to allow people to the opportunity to have their say on its content. Mark Scott referred to themes such as system change and integration, increased involvement in mental health. He said that population growth in East London was key to the plan with a projected increase of 13%. In answer to a question he confirmed that there were no metrics for workforce at present. There would be work on tracking vacancy rates and the risks around EU staff. He confirmed to the Board in relation to governance arrangements that there would be an announcement on the appointment of independent chairs during the following week.

6.2 David Maher stressed the need to focus on the wider determinants of health with a three system footprint. There would need to be an awareness of the potential of risk and monitor lost opportunities.

6.3 Carol Akroyd spoke to the Board on this matter, stating that the changes to the NHS were major and that the public should be consulted and engaged with on this. She referred to the messages that should be conveyed to the public such as changes of location of services. Shirley spoke to the Board on this matter including that there were 100,000 vacancies in the NHS.

6.4 Mayor Glanville agreed with concerns but stated that no firm decision had been made in relation to the long term plan and that there would be further consultation on this. Further, there was much internal debate on the matter. He referred to excellent KPIs in the service. There would however be a need to look at the impact on inequality in terms of health outcomes and that there was need to develop engagement on this matter. It was necessary to now ensure that there was an emphasis on engagement and co-production. Mayor Glanville referred to the good performance of the Homerton Hospital during the winter crisis as testament to the system.

6.5 David Maher told the Board that 1000 residents had been consulted on the proposals and it was expected that the Council's Scrutiny functions would be putting forward a view on the changes. He confirmed that the treatment of mental health was now on equal footing with the treatment of physical ailments and that there was a good track record of service delivery. Deputy Mayor Anntoinette Bramble that much work had been carried out at neighbourhood level. Mark Scott stressed the importance of early service user involvements and that co-production had been signed up to.

6.6 Laura Sharpe referred to local work that she was currently leading on in relation to workforce on health and social care. There was much data available but this was located in a variety of locations. This work could build into the broader theme.

6.7 Sandra Husbands emphasised the need for the plan to consider health inequality with emphasis on poverty as a major determinant of health.

7 Decommissioning of Pharmacy Minor Ailments Service and Medicines Optimisation Service - Question (Verbal)

7.1 Raj Radia told the Board of the proposed decommissioning by NHS England in the London Area of two services which were currently being provided by community pharmacies to Hackney residents: pharmacy first – minor ailments service and medicines optimization service. He expressed concerns that these cuts would undermine the viability of local community pharmacies. Of those surveyed 85% said that if the service was taken away they would go to a GP practice. Raj Radia told the Board that this matter had been considered by the Health in Hackney Scrutiny and the proposals opposed.

7.2 Sandra Husbands confirmed that under the Pharmaceutical Needs Assessment there was responsibility for the delivery of these services. She confirmed that the purpose of the question was to ascertain the views of the Board in relation to decommissioning of these two services. She said that these services, provided by pharmacies helped to ease the pressure on the NHS and that decommissioning would impact most on the vulnerable in the Borough.

7.3 The Board considered that it had insufficient information on this matter before it to have a meaningful discussion and make a decision and asked for clarity on the Board's role in this regard. The Board agreed that a more detailed report should be completed on the proposed decommissioning of these services for its consideration.

8. Report from the Health and Wellbeing Board Development Session

8.1 The Board noted the report of the facilitator in the development session.

8.2 Mayor Glanville outlined his vision for the Health and Wellbeing Board including the following:

- To have a significant role in the wider determinants of health
- To have responsibility for strategic direction and prioritising specific areas of work
- To have an overview of the JSNA.
- To have oversight and ownership of the Borough's Community Strategy
- Consideration of the mental health strategy
- To consider cross cutting strategies
- To review the London health inequality strategy
- To regularly review KPI dashboards
- To consider widening the current membership of the Board
- For the Mayor to rotate the chair with the chair of the CCG

8.3 Dr Navina Evans stated that there was potential for the Board to have an increased role and to redefine its powers. She referred to the experience of other local authorities with the devolving of accounts together with responsibility for managing budgets. Navina Evans considered that the Board should focus on people's experiences and specific areas such as loneliness which had a big impact on lives. She considered that the Board should be involved in holding the health system to account.

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8.4 David Maher stressed that the Board should hold the health system to account with involvement in workforce and strategies for retraining. He referred to the positive aspects of the Health for Wales Act.

8.5 Sandra Husbands referred to the importance of the Board taking a strategic approach with long term thinking, having responsibility for individual work areas such as giving every child the best start and life chances for all people in Hackney. She considered that there was potential for the Board to 'power up'. Sandra Husbands would submit a plan for the year to the next meeting of the Board.

Action: Sandra Husbands

8.6 Dr Alan Ricketts confirmed that the development sessions could see the value of having a strong Health and Wellbeing Board. The Board would need to prioritise the elements of its responsibilities, focusing on specific areas of work.

9 Any other business that the Chair considers urgent

9.1 There was no urgent business.

10 Dates of Future Meetings

10.1 The Board noted the dates of future meetings:

- 25 March 2020
- 08 July 2020 (Provisional)
- 10 September 2020 (Provisional)
- 11 November 2020 (Provisional)

Duration of the meeting: 6:30 – 8:20 pm