

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

THURSDAY, 14TH JULY, 2016

Councillors Present: Councillor Jonathan McShane (Chair), Dr Penny Bevan, Dr Clare Highton (Vice-Chair), Paul Fleming, Kim Wright, Dr Navina Evans, Raj Radia, Alistair Wallace

Also in Attendance: Jon Williams (Hackney Healthwatch), Cynthia Davis (Head of commissioning – CCG), Richard Bull (Director, Long Term Conditions and Primary Care Quality), Niall Canavan (Director of IT at the Homerton), Cathal Ryan (Interim Domestic Violence Manager), Peter Gray (Governance Services Officer)

1. Membership of the Board

1.1 In accordance with the requirements of Section 194 of the Health and Social Care Act 2012 the Board confirmed the revised membership as set out in the report and also that Kim Wright continues to serve as the Statutory Officer for Health and Social Care until such time as the responsibility is transferred to Anne Canning. To further confirm that when the responsibility of being Statutory Officer for Health and Social Care is transferred, Kim Wright will continue to serve under the provision of the Health and Social Care Act which states that members may be 'such other persons as the Board, Local Authority (in consultation with the Board) thinks appropriate. (To be confirmed by Council).

2 Election of Chair

2.1 Peter Gray, Governance Services Officer invited nominations for the position of Chair of the Health and Wellbeing Board 2013/14. Kim Wright nominated Cllr McShane to the position and this was seconded by Clare Highton. Cllr McShane then took the Chair.

3. Election of Vice Chair

3.1 Cllr McShane invited nominations for the position of Vice Chair of the Health and Wellbeing Board 2013/14 and nominated Clare Highton. This was seconded by Kim Wright. Dr Highton was elected Vice Chair.

4. Declarations of Interest - Members to Declare as Appropriate

4.1 There were no declarations of interest.

5. Minutes of the Previous Meeting

6.1 The minutes of the meeting on 9 March 2016 were agreed as a correct record.

6. Community Voice: Developing New Mental Health Treatment Pathways

6.1 Paul Gibbons, Service user of the 'Core Arts in Health' Programme told the Board of the benefits he had derived from his attendance. He had found the staff at the organisation to be very supportive and considerate. His attendance had given him a focus, much satisfaction and joy and had helped to calm him down. He now had more belief in himself. He referred to the on-going financial constraints on the organisation.

6.2 David Dada, Service user of the 'Core Arts' told the Board that he had been attending for two years and had received a lot of support. The service had given him a sense of achievement. Previously there were no services to access for his illness. He now attended piano and drums lessons at the centre.

6.3 Lawrence Schoeder, Service user at 'Core Arts in Health', told the Board of the benefits that he had received from his attendance on the programme.

6.4 Paul Monks, CEO Core Arts referred to difficulties around funding for the centre. He referred to the fact that there was a legal responsibility to provide care for this user group. He considered that there was no clear understanding of where the clinical responsibility was.

6.5 Dr Navina Evans told the Board that the East London Foundation worked with 'Core Arts' and had identified a pathway and encouraged the use of the service. Dr Clare Highton praised the work of the organisation and expressed concerns about the current financial difficulties being experienced.

6.7 The Chair told the Board that he had been impressed by the work carried out by 'Core Arts' and that he would work with Meg Hillier MP who was aware of the organisation and its funding difficulties to find away forward. He added that there could be an improvement in the financial situation following a move to pooling of budgets.

RESOLVED:

1. To note the views expressed about accessing appropriate locally based mental health services.
2. To seek advice from the System Transformation Programme Board on how it will pick up innovative interventions to inform delivery models.

7. Principle of Consultation in Health and Social Care

7.1 Jon Williams introduced the report, presenting an agreed approach by Hackney Health and Wellbeing Board members to the principles and standards for consultation in the Borough and a starting point to greater public participation in service development. Jon Williams told the Board that these standards would enable Hackney residents to have a clear understanding as to how and when they would be consulted on changes to their health and care. The chair commended this work and the importance of aspiring to meet these standards of consultation.

RESOLVED:

1. To agree the attached consultation principles.
2. To agree a report back to the Board in a year's time on the impact of these consultation standards.
3. To agree to publicise the consultation principles appropriately to allow Hackney residents who use their services to understand how they are consulted on changes.

8. Healthwatch Hackney 20/16/17 - Work Programme

8.1 Jon Williams introduced the report. He told the Board that the organisation was ensuring that it knew what the people of Hackney wanted. He emphasised that the organisation wished to strengthen its signposting. Dr Clare Highton emphasised issues with over use and over access, also, reiterating the importance of signposting following devolution. She referred to a downturn of demand was expected resulting from increased self-management. Further, there was a need for communication about limited resources.

RESOLVED:

To note the Healthwatch Hackney Workplan for 2016/17.

9. Hackney Better Care Fund Plan - 2016/17

9.1 Dr Clare Highton referred the Board to the key sections of the 'Better Care Fund' plan. She told the Board that the plan built on increased integration within the current context of financial restrictions. Consideration was being given to how people could be kept safely in the community for as long a time as possible, with intervention and how to provide excellent preventative care to the vulnerable. She referred to the fact that there was to be increased multi-disciplinary work.

9.2 Alistair Wallace reported that the Voluntary Sector had met the previous day and considered the current direction of travel to be intelligent. He said that dual diagnosis continued to be a common experience. He considered that more needed to be done to incorporate mental health issues into the plans. Dr Clare Highton referred to the mental health initiatives in the CCG's five year plan, including mental health support in the acute sector. She accepted the need for mental health to be more strongly addressed in the Better Care Fund narrative.

9.3 Dr Navina Evans emphasised that mental health issues were a priority and wished to see greater emphasis on health and prevention in Hackney.

RESOLVED:

To note and endorse the 2016/17 Better Care Fund plan.

10. Transformation Care Plan - People with Learning Disabilities

10.1 Cynthia Davis and Richard Bull introduced the report. It was noted that the number of people with learning disabilities in Hackney had not reduced as much as in

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the national programme. The new programme had special requirements such as preventing people from being admitted into inpatient settings, with work ongoing to provide support closer to home. It was considered that there was a need for a network of commissioners to be grouped together. Significant work was yet to be undertaken to decrease the number of out of Borough placements, although these numbers were low. It was considered that the biggest challenge would be around ensuring that the right accommodation was available for local people. Regional and London funding was available and it was hoped to know the outcome soon.

10.2 In response to a question from Jon Williams, Richard Bill told the Board that there was strong user involvement with events across the Borough feeding into the Plan. There was a strong preventative element to the care plan and the CCG wished to work with all providers to ensure that people with learning disabilities could be adequately supported in the community and that when there are challenges these are identified as early as possible.

11. Update on North East London Sustainability and Transformation Plan (NEL STP)

11.1 Dr Clare Highton introduced the report. She reported that the CCG had been informed that they would be asked to contribute to funding the North East London deficit, an area with a high level of health needs. Hackney health and social care colleagues were actively engaged in the development of the STP. Much transformation funding had gone to other areas such as the acute service deficit. Dr Highton referred the Board to the CCG's six key priorities. She reported to the Board that the population growth in North East London may result in the need for a further 500 beds. Four hour waits were being reported across the sector except at the Homerton. She told the Board of developments in ambulatory care and delivery models for self-care. The service was currently experiencing a shortage of A&E doctors. There were difficulties in recruiting young doctors as many were opting for locum positions. Dr Highton reported that all Trusts must have contracts in place for 2 years by Christmas 2016. Work was also ongoing on diversity in the workforce. She stressed the importance of partnership working to receive STP in area would not receive STP funding without partnership working.

11.2 Kim Wright emphasised that the STP had missed an opportunity to involve local authorities and emphasised the need for more integrated, partnership working. Dr Navina Evans emphasised the importance of partnership working in service provision with the production of a richer STP. She reiterated that all local authorities were in the footprint and demanded a voice.

11.3 The Chair emphasised the importance of partnership working and that the plan would impact greatly on Hackney and that there was a need to benefit from the process.

RESOLVED:

To agree the NEL Transforming Care Partnership Plan.

12. Domestic Violence Review

12.1 Cathal Ryan introduced the report. He told the Board that the review of the service in 2014 resulted in many improvements, including safer ways of working and

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simpler pathways. Despite the recommendation of the review the service had remained with the Council. He referred the Board to the work of the Multi Agency Risk Assessment Conference, chaired alternatively by the Police and Community Safety. He told the Board that Safer Communities consulted widely on the Violence against Women and Girls (VAWG) Strategy. Priorities were set and these were now in the strategy, which would be online soon. In relation to the domestic homicide reviews a protocol had been created along with a DHR Action Plan.

12.2 Dr Penny Bevan told the Board that in relation to Female Genital Mutilation there was now sign up including with the Homerton and there had been a number of referrals to Children's Services. GP practices had received training on how to respond to domestic violence with 100% take up.

12.3 Following a suggestion from Paul Fleming it was agreed to look at ways of promoting the domestic violence service.

RESOLVED:

To note the report.

13. Review of CCG Commissioning Bi-Lingual Advocacy Service

13.1 Ray Calvary introduced the report seeking endorsement to a review to date of the Bi-lingual Advocacy Service, currently commissioned by City and Hackney CCG from the Homerton University Trust. He told the Board that there was an increase in demand for the service and that that had resulted in the limits being applied to the availability of interpreters. Advocacy was separate from translation and there was a need for increased numbers of advocates.

13.2 Kim Wright emphasised that the review presented an obvious opportunity for partnership working, with the possibility of achieving economies of scale in procuring the advocacy service, on which work was ongoing.

13.3 The Chair told the Board that there was a register of people who speak other languages held by the Council. He said that there was evidence that some older women in the Turkish community, having stopped working had difficulties in speaking English. Penny Bevan suggested that information is given in English as well so that people do not lose their acquired English. Dr Clare Highton referred to the difficulties of children accompanying adults in accessing services and interpreting for them.

RESOLVED:

To endorse the report.

14. Local Digital Roadmap

14.1 Niall Canavan introduced the report. He referred to three different LDR footprints, which he described as aspirational. He told the Board of the commitment that services would be paperless at the point of care. He confirmed to the Board that the CCG owned the plan but wished to have the endorsement of all relevant partners.

RESOLVED:

To endorse the report.

15. Performance Framework

15.1 Dr Penny Bevan introduced the report, providing an update on progress across a selection of shared local indicators, using refreshed Health and Wellbeing dashboard, and incorporating amendments as discussed at the March meeting of the Board. The slope index had been added to the draft format of the performance dashboard. Further, it included comparative figures with neighbourhood local authorities. It was noted that City and Hackney's performance was better than average in London. The Board considered that letters be used in the dashboard to indicate colours and corresponding performance levels as it was produced in black and white.

16. Work Schedule for Future Meetings

16.1 The Board noted the work schedule.

17. Date of Future Meeting