MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 4 June 2013
(6:05 - 8:10 pm)

Present: Councillor M M Worby (Chair), Councillor L A Reason, Councillor J L Alexander, Councillor J R White, Anne Bristow, Helen Jenner, Matthew Cole, Conor Burke, Dr Waseem Mohi, Martin Munro, Dr Mike Gill, Chief Superintendant Andy Ewing, Frances Carroll and Dr John

Also Present: Cllr T Ramsay, Cllr M McKenzie MBE

Apologies: None.

12. Declaration of Interests

There were no declarations of interest.

13. Minutes - To confirm as correct the minutes of the meeting held on 23 April 2013

The minutes of the meeting held on 23 April 2013 were confirmed as correct.

14. Joint Assessment and Discharge Team

Anne Bristow (Corporate Director, Adult and Community Services) introduced the report to the Board. It was noted that the proposal requires a cross-borough decision and there is a short time period in which to implement the service. The main challenges to progress include identifying a host organisation and establishing the common operating features of the service.

The Board noted that the ultimate aim of the new service is to remove peoples' dependence on services and have people lead independent lives with care delivered in the home-setting. It was acknowledged that to achieve this aim there is a need to develop community capacity and utilise social networks (family/friends/neighbours).

The Board asked whether it would be necessary to consult with the public on the proposal. Bruce Morris (Divisional Director, Adult Social Care) explained that there is no intention at this stage to do so as it is not considered a change in service from a patient perspective. However, consultation with staff involved will be important.

The Board asked how the proposal would improve the patient experience when leaving hospital. Anne Bristow advised the Board that between now and the service going live professionals will work together to find and address bugs in the service/pathway to ensure patients receive a better service. Once the work has been done and the proposal is more developed it will be clearer what differences patients can expect to see.

The Board felt it was important to be robust in analysing and critiquing the service in order so that meets key performance targets. Dr Mohi (Chair of Barking and Dagenham Clinical Commissioning Group) advised the Board the joint Assessment and Discharge Team proposal will be discussed on 19 June, at the next Integrated Care Coalition meeting, that discussion will feed into further reporting on this matter.

The Board noted the progress of this project and the milestones for implementation as set out in paragraph 5 of the report. The Board will receive a further report in September asking for decision to proceed to the next phase. The Board agreed the design principles as described in paragraph 2 of the report.

15. Community Sickle Cell / Thalassaemia Service

Dr Mohi (Chair of Barking and Dagenham Clinical Commissioning Group) introduced the report to the Board and highlighted the rising prevalence of sickle cell within the Barking and Dagenham population. Dr Mohi recognised the efforts of Dr Ian Grant in lobbying for, and developing this service. Dr Mohi reported that by the end of June the first clinic will have met in Barking Hospital. There are some staffing issues that need to be resolved by August.

The Board noted that local people with sickle cell are excited about the launch of the community-based service. Dr John (Clinical Director, Barking and Dagenham Clinical Commissioning Group) commented that at his practice alone there significant numbers of people with sickle cell disease that this service would benefit.

Helen Jenner (Corporate Director, Children's Services) alerted the Board that there is a lack of awareness about sickle cell disease and its health implications in schools and teachers especially would benefit from being more aware of the disease and local services. The Board suggested that the communications teams from the Board's constituent organisations work together to raise awareness about the new sickle cell service. Further to sign-posting from local GPs to the service the Board agreed that there needs to be publicity about the launch. Dr Mohi confirmed press releases were on standby for the launch. Dr John added that the service is also being pushed through GP patient groups.

The Board noted the report and the status of developing a community-based sickle cell service.

16. Francis Report

Further to the report, Matthew Cole (Director, Public Health) delivered a thought provoking presentation to the Board which brought to life some of the harrowing testimony from the Francis Report and the comments and reactions of key individuals, including; Sir Francis QC, Sir David Nicholson, and local Staffordshire campaigner Julie Bailey. The Board, in its debate on what its role is and contribution is to recommending the recommendations made by Francis. In

particular its licence around the whole-system view. The following points were noted in the discussion:

- The Board should give collective thought to how we arrive at an index of suspicion and when it is appropriate to call-time on a poor performing provider. How might the Health and Wellbeing Board take a leading role in ascertaining the index of suspicion through the triangulation of evidence?
- Complaints must be listened to and taken seriously. Trends in complaints should be analysed and problems resolved with due diligence, with meaningful service change where necessary.
- Professionals from across the health and social care economy and wider partnership need to be alert to standards of care and have the strength and resolve to report bad care that is witnessed.
- Commissioners must change performance reporting so that it relates to the patient experience and gives a true account of quality. Furthermore, all contracts must contain quality levers and be vigorously monitored. Commissioners must cut bureaucracy and reporting issues to understand how patients view services and treatment.
- All Health & Wellbeing Board member organisations confirmed that they did not have gagging clauses preventing whistleblowing.
- Electronic surveying of patients upon discharge could be an effective means of collecting intelligence that can be evaluated and acted upon instantly.
- Following publication of the Francis Report the North East London NHS Foundation Trust (NELFT) board begin every meeting with a patient story. The H&WBB was asked to think of other ways in which governance structures can bring through the patient voice.
- The friends and family test is now being used as another way to test quality in the NHS.
- The Board needs to take a leadership role and ensure that the post-Francis culture (paragraph 6.2 of the report) is enacted.
- At Mid-Staffordshire a major problem was the lack of connection between clinicians and managers. Relationships between clinicians and managers are much closer in the outer North East London sector but there is still a need to guard against management issues getting in the way of good quality healthcare and clinical decision-making.
- The Board considered what could be learned from previous failures of care in mental health. The outcome has been at NELFT has been the introduction of a very organised patient engagement and representation of any local NHS or Foundation Trust.

- The Board considered the role of the Council's Health and Adult Services Select Committee and how its role can be strengthened and how it can perform better to avoid the mistakes and passivity of Staffordshire Borough and County Councils scrutiny committees. The Board noted that a separate report will be presented to the Health and Adult Services Select Committee on the Francis recommendations focussing on the specific implications for scrutiny.

- The Board recognised that post-April 2013 the commissioning system is more complex with several commissioners and even more providers of services. In light of this, how can there be whole system accountability in new NHS landscape?

- Further to the above point, how can Barking and Dagenham GPs be held to account as a local provider. What is the role of NHS England in monitoring GP quality?

- Poor performance by providers cannot be excused by pressure on resources. Commissioners must set high standards and review the provider's performance. Where standards are not being me there must be mechanisms to engender changes to service delivery.

- Dr Mike Gill (Medical Director, BHURT) was clear that the public should not have low expectations with regard to health and social care services and that the expectations of services user should not be impacted by resource issues (perceived or real). Patients should expect high standards and have their expectations met.

- The Board recognised that the themes running through Francis are not isolated to the acute hospital setting. The lessons from Francis equally apply across all health and social care settings and the home environment in which people can be especially vulnerable.

There was consensus that the NHS Barking and Dagenham Clinical Commissioning Group (CCG) is the best placed organisation within the health economy to lead on working through next steps to implement the Francis recommendations and provide assurance to the H&WBB that local NHS action plans around Francis have been implemented. Although led by the CCG, the task and finish group will be inclusive and accountable to local Health and Wellbeing Boards. It was felt that a CCG-led approach would result in less duplication and less competition for similar actions among the local authorities involved.

The Board agreed to write to local safeguarding boards requesting participation and input into the task and finish group.

The Board agreed the following actions:

- That the group established by the CCG develops a local response to the Francis Report involving all partners on behalf of the Health & Wellbeing

Board.

- That the CCG-led task and finish group take into consideration the following issues:
    - the role of GPs in reviewing care standards
    - formalised early warning systems and the part they might play
    - how patient /user involvement can be strengthened and the mechanisms
    - needed for the patient/user voice to be heard by decision makers
    - whether the single agency action plans are adequate and what changes are needed to ensure a whole systems approach
    - how the Health and Wellbeing Board can gain assurance on behalf of local residents about the quality of our local health and care system
    - consider how to communicate more widely to those using services what they have a right to expect from these services
    - review progress made by the Clinical Commissioning Group, local NHS Trusts and Foundation Trusts in the implementation of their action plans
    - consider the views of the Safeguarding Adults Board and Local Safeguarding Children Board.
- The Director of Public Health meets with his colleagues from neighbouring boroughs to agree an approach to both the identification of problems and solutions required from the analysis of hospital mortality rates.
- To receive a progress report to its September meeting.

17. CQC Inspection Report on A&E and Emergency Care Plan

Dr Mike Gill (Medical Director, BHRUT) presented the report to the Board.

Dr Gill reported that CQC visited the Trust for an unannounced inspection recently. The report is not yet published but the Trust expects to see positive progress confirmed in that inspection report.

The Board challenged the Trust on its resilience with regard to infection control. Dr Gill advised the Board that the Trusts record with infection control is good and the appointment of a new director has made a big impact on compliance with infection control.

From the report the Board felt it was difficult to draw out the elements from the

action plan that directly responds to CQC's concerns. Dr Gill explained that the action plan is comprehensive and is drawn together from a collection of problems that must be addressed hospital-wide. Responding only to CQC's concerns would be insufficient to drive the change that is required elsewhere at Queen's hospital. Dr Gill referred the Board to paragraph 3.4 of the report which outlines the five operational priorities and workstreams to deliver the Emergency Care Programme.

The Board asked for an update on the closure of King George Hospital's A&E department. Dr Gill advised the Board that the Trust is still working to the Health for North East London plans. The A&E department will not be closed until Queens Emergency Department has demonstrated improvement. The Board was reminded of the plan to open a 24/7 urgent care centre at King George Hospital.

Dr Mohi (Chair of Barking and Dagenham Clinical Commissioning Group) assured the Board that commissioners were reviewing performance regularly. The CCG expressed its concerns over the format of reporting and whether it was sufficient enough in detail to judge if operational changes were making an impact on quality.

Conor Burke (Accountable Officer, CCG) reported that the CCG has established an Urgent Care Board which is scheduled to meet on 19 June. Its terms of reference are to address problems with urgent care system including relationship with A&E. Briefings for Board members will be circulated if it is thought helpful.

The Board noted the actions being taken by BHRUT to improve emergency care at the Hospital, and gave their comments on the plans and progress described in the report. The Board gave its views about the system wide implications of this work and the future co-ordination of urgent care improvement activity.

18. Diabetes Scrutiny Review: Planning our Response

Matthew Cole (Director, Public Health) presented the report to the Board.

Cllr Ramsay, in a question to the Board, raised his concern that testing strips were being rationed by GPs and warned against the problems infrequent testing can cause diabetics. Dr Mohi stressed the importance of testing, especially when people are newly diagnosed with diabetes. Dr Mohi assured the Board that patients were being prescribed enough testing strips to ensure regular testing of blood sugar levels.

Helen Jenner (Corporate Director, Children's Services) wished to go beyond the recommendations proposed by the HASSC and investigate further what can be done to improve services for children and young people who because of unhealthy lifestyles are being diagnosed with Type 2 diabetes. Helen Jenner volunteered Children's services input into the implementation of the recommendations that relate to young people.

Anne Bristow (Corporate Director, Adult and Community Services) commented that the scrutiny review managed to draw out some inconsistencies with diabetes health checks which need to be addressed by the CCG. Dr Mohi accepted that

there is room for improvement and stated that GPs are monitoring patients at risk of becoming diabetic and looking at compliance and quality with regard to the nine checks.

The Board discussed using this piece of work as an opportunity to define what patients should expect of diabetes services and aspiring to commission and deliver services that reflect that vision.

The Board agreed that ownership of implementing the recommendations should rest with the Public Health Programmes Board. Cllr Worby will report progress back to the HASSC on behalf of the Board and its sub-groups.

The Board agreed:

- the Action Plan set out in Appendix B
- to Review the Action Plan quarterly
- to Provide a summary of progress to HASSC in six months at their meeting in November 2013
- to refer the ongoing monitoring of the Diabetes Action Plan to the Public Health Programmes sub-group.

19. Draft Engagement Strategy

The Board noted the model used at the Learning Disability Partnership Board for determining how it will conduct its engagement.

The Board agreed to pull together a high level set of proposals around engagement, the following specific actions were proposed:

a) That sub-groups have engagement as an early item (first or second meeting), specifically to review how they link to existing forums, what gaps they have, and what tools and techniques they intend to deploy to ensure their work is grounded in the views of those affected;

b) This work to be collated into an engagement strategy ‘map’ showing the connections, information flows, and early specific plans for events, consultations and web developments;

c) That Healthwatch, the Health & Wellbeing Board support team and the CCG Operations team join together - with others who may be keen to contribute - to shape how the Board itself can use information being gathered through the emerging strategy, including online, written and face-to-face methods, and the expectations on how reports are crafted to include reference to feedback from residents and service users;

d) That the Health & Wellbeing Board support team pull together an overview of how the Council’s social media channels and the website may be used by the Health & Wellbeing Board, with input from the Corporate Communications

team, in order to feed this into the developing strategy.

20. Chair's Report

Sign Translate

The Chair highlighted to CCG colleagues the lack of take up for the free 'Sign Translate' service and webcam. Dr Mohi stated that he would promote the service among local GP practices.

Measles

Further to his update at the last meeting (23 April) Matthew Cole confirmed to the Board that the measles immunisation catch-up programme will begin in June.

The Board noted the Chair's Report

21. Report of Sub Group(s)

Anne Bristow (Corporate Director, Adult and Community Services) reported to the Board developments from the Learning Disability Partnership Board's away day. It was noted that thought was given among delegates about how the sub groups would interact and communicate. Also, delegates opted for a set of core members, drawing from a pool of relevant associates as required. Overall the delegates were accepting of the changes presented to them and felt well engaged by the event.

22. Forward Plan

The Chair asked Board Members to put forward suggestions to the Forward Plan and to be mindful of the Council's requirements to publicly list decisions 28 days in advance of meetings.

The Board noted the Forward Plan.