

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 28 October 2014  
(6:00 - 8:39 pm)

**Present:** Cllr Maureen Worby (Chair), John Atherton, Anne Bristow, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Helen Jenner, Dr John, Cllr Bill Turner, Jacqui Van Rossum, Steven Russell, Sharon Morrow and Sean Wilson

**Also Present:** Professor Carol Dezateux

**Apologies:** Dr Waseem Mohi, Dr Stephen Burgess, Frances Carroll and Chief Superintendent Andy Ewing

## **55. Declaration of Members' Interests**

There were no declarations of interest.

## **56. Minutes - 9 September 2014**

The minutes of the meeting held on 9 September were confirmed as correct.

## **57. Children's Social Care Inspection: OFSTED Inspection and Review Outcomes 2014/15**

The Corporate Director of Children's Services, Helen Jenner, presented the report and explained that the OFSTED Inspection of children in need, looked after children and care leavers and a review of the Local Safeguarding Children's Board (LSCB) had been undertaken over April and May 2014 and the report had been published in July. Both the service and the LSCB had been judged as 'requires improvement'. To achieve the required improvements the Action Plan, attached to the report, had been drawn up. Whilst the Action Plan would be monitored by the Children's Services Select Committee, in view of the cross interest it was intended that the Health and Wellbeing Board would also receive an overview of progress on a six monthly basis.

Barking and Dagenham was now the eighth poorest borough in the country and was facing a massive demographic change including a massive increase in the number of children.

The Chair added that as part of the feedback to the Inspectors she had stressed the rapid pace of demographic change and felt that the impact on the borough and its services had not been fully understood by OFSTED. The Chair added that the Inspector had indicated that he would feed that back centrally.

The Deputy Borough Commander, Sean Wilson, advised that the issues were now raised at the Police Inspector training days and as a result the number of children being taken into the police protection had started to reduce since April 2014.

The Chair commented that there appeared to be a tangible cultural difference from previous years and practical change appeared to be occurring and this was very

encouraging.

The Board noted:

- (i) The content and outcomes of the OFSTED Inspection of services for children in need, looked after children, care leavers and review of the Barking and Dagenham Safeguarding Children Board as set out in the report; and
- (ii) The Local Authority Children's Services Action Plan, attached as an Appendix to the report, and whilst this Action Plan would be monitored by the Children's Services Select Committee, the Health and Wellbeing Board would also receive an overview of progress on a six monthly basis.

## **58. Protocol Outlining Barking and Dagenham Safeguarding Partnership Arrangements**

The Divisional Director Commissioning and Partnerships, Glynis Rogers, presented the report and reminded the Board that the Safeguarding Adults Board (SAB) would become a statutory partnership under the Care Act 2014. Sarah Baker had now been appointed as the Independent Chair of the SAB and was also the Independent Chair of the Local Safeguarding Children Board (LSCB).

In view of the statutory footing of the SAB and the outcome of the OFSTED Inspection, which had indicated a need to strengthen the 'coordination, focus and impact' of the LSCB work with the Health and Wellbeing Board, a protocol had been drawn up that this outlined how the SAB and LSCB would work together with the Health and Wellbeing Board (H&WB), including how appropriate items would be reported and raised at the H&WB.

The Board:

- (i) Noted the protocol outlining Barking and Dagenham's safeguarding partnership arrangements, as set out in the Appendix 1 to the report, which clarified arrangements to secure coordination between the Boards; and
- (ii) Were pleased to note that the arrangements would enable the Chair of the Safeguarding Adults Board and the Local Children Safeguarding Board to interact with the Health and Wellbeing Board whilst maintaining the Chair's independence.

## **59. Child Death Overview Panel - Update Report**

Further to Minute 23, 29 July 2014, the Director of Public Health, Matthew Cole, presented the report, which provided the Board with an in-depth understanding of Sudden Unexpected Death in Infancy and how it can be prevented, and also provided updates in the cases relating to maternity services and the London Ambulance Service (LAS) as well as further analysis of ethnicity and child death rates across north east London.

Councillor Carpenter, Cabinet Member for Education and Schools, suggested that the Safeguarding Faith and Cultural Sub Group could be a useful conduit for

getting health, maternity and child care messages to the BME communities.

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) advised that she would take back to commissioners the Board's concerns over the lack of response and engagement from the London Ambulance Service. Councillor Turner, Cabinet Member for Children's Social Care, commented that he felt a report should be forthcoming if no progress was made in regards to the LAS.

The Chair commented that two incidents where the LAS's lack of the appropriate equipment clearly needed to be followed up.

Brief discussion at the LSCB had shown that the staff training was in place, but there was some concern that the General Practitioners may not be fully aware of the most recent good practices and care risks to specific communities.

Helen Jenner, Director of Children's Services, commented that as the Borough had the highest level of avoidable death, were we certain that enough action was being taken? In response Matthew Cole advised that in one of the cases there was clearly nothing that could have been done, however, where the cases were associated with inappropriate feeding, alcohol use of the parent and the failure to use 'back to sleep' methods there was clearly a chance to reduce risk by further education of parents and in particular mothers and it was difficult to break outdated maternal family traditions and practices in infant care. Health Visitors do pass on the information at anti-natal classes but only around 60% of expectant mothers attend those and, unfortunately, the ones that don't attend are probably the ones that most need to be educated and updated.

In response to a question about holding the LAS to account the Chair advised that it was not a function for the Board, however, she would discuss the Board's concerns with the Chair of the Health and Adult Services Select Committee.

The Board:

- (i) Noted the report and additional details provided by the Director of Public Health;
- (ii) Placed on record its disappointment that no response had been received from the London Ambulance Service; and
- (iii) Expressed concern at the lack of engagement in the process, as a way learning to prevent avoidable deaths in future, from the London Ambulance Service;
- (iv) Noted the Chair would discuss the Board's concerns in regard to the LAS with the Chair of the Health and Adult Services Select Committee;
- (v) Noted the potential to use the Safeguarding Faith and Cultural Sub Group as a conduit for information to the BME community.
- (vi) Further reports will be presented when progress was made in regards to the issues raised by the Board.

## **60. Contract: Children's Emergency Duty Team Shared Service**

The Corporate Director of Children's Services, Helen Jenner, presented the report and explained that in 2013 the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed to merge their Children's Emergency Duty Teams (EDT) and create one single Children's EDT, with Redbridge Children's Trust being the host authority. The service had become operational on the 1 May 2014. The Police confirmed that from their perspective the new service was operating well.

At that time the officers involved had not understood that under the Council's Contract Rules it would be necessary to obtain approval from the Board to enter into the contract as the value of the contract was over £500,000. The Corporate Director wished to rectify the position in order that the contract could be sealed and sought the Boards retrospective approval to the entering into a three-year legal partnership agreement, effective from 1 May 2014.

The Board:

- (ii) Approved the entering into of a three-year legal partnership agreement contract, effective from 1 May 2014, for the delivery of the four Borough Children's Emergency Duty Team (EDT) Service with the London boroughs of Havering, Waltham Forest, and Redbridge on the terms set out in the report;
- (ii) Noted the cost of the service to LBBD at present was £257,000 and over the life of the contract was anticipated to be in the sum of £771,000;
- (iii) Noted that Redbridge Children's Trust were the host authority.

## **61. BHRUT Improvement Plan Update**

Steve Russell, Deputy Chief Executive, BHRUT presented the report and presentation and informed the Board that following publication of the Improvement Plan in June 2014 there had been significant changes to the leading personnel and some of the roles in the organisation. For the last four months the Trust had published and circulating its monthly progress report, which included details of key achievements and changes made.

Steven Russell went on to outline some of those changes:

- **Work Streams and Organisational Development**  
New Chief Executive and the rest of the senior management team had been appointed, with the exception of one post for which the interviews would be held on 29 October. It was expected that all senior Executive staff would be in place by January 2015. The reorganisation of the clinical management and middle tier would begin shortly

Five new non executive directors were now in post. Steve Russell said that the new BHRUT Board would, in his view, hold the Chief Executive and senior Executive staff to account. The Executive staff were being challenged, and were "stepping-up their game" to meet the expectations and demands from the non executive BHRUT Board members.

- Outpatients
 

The management were now actively listening to the staff and feedback from patients. As a result there had been some significant patient interface improvements. For example,

  - Now achieving 97% of calls are being answered (up from 40%).
  - Short-term clinic cancellations had now been reduced by 87%.
  - Clinics details /specialism had been reviewed to improve correct referrals by GPs, reducing second referrals and delays for patients.
  - Customer Service Improvements had been made and a listening event had been held, as a result the number of concerns made through PALS had reduced, which indicated the actions taken were having a positive effect. In addition, stock letters were being re-written to make them more easily understood and patient-friendly clinic timetables were being looked at.

- Patient Care

Over 3,000 staff had been trained in recognising and managing sepsis.

Audits were now being undertaken on how many patients are treated within 1 hour.

Nursing Documentation was also being improved to increase record efficiency and reduce staff time needed to complete the paperwork.

- Patient Flow

Ambulatory Care Unit and the Medical Receiving Units were now both open

The number of discharges before noon had substantially improved, and this had also improved bed occupancy rates. This had been achieved by some new simple procedures, which had resulted in priority testing of blood and other tests and faster dispensing of medications for those due to be discharged, as well as carers / relatives being arranged to receive patients at home.

The Assessment Units were now being reviewed.

- Ward of the Week

Every Friday there is a thank you visit by senior managers for good discharge rates. These visits had improved feedback and engagement of the staff and improved staff's attitude to being a valued part of the organisation.

Steve Russell stressed that they had still not “cracked it” but felt that the new team and staff were on the right path and were moving forward and added that governance in the organisation now felt much stronger and more robust and the culture was starting to change.

In response to a question from Councillor Turner, Steve Russell explained that

Nursing Documents covered a wide range of care plans and ways of monitoring care on the wards. Nurses were saying the records systems were not the same across the organisation and it was time consuming working out what was where in the patient folders etc. As a result the Nursing Documents and patient folder layouts were being reassessed to simplify them and where possible provide some conformity across all the wards / disciplines.

Steve Russell then received and responded to a number of further questions from the Board and Public:

- Public Transport Difficulties – TfL had approached BHRUT about a seminar on transport access and this should occur in the near future. Transport difficulties had been raised on a number of occasions and the point would be taken back for discussion with BHRUT colleagues and noted that the Council could also raise the issue of transportation links with TfL if it would assist.
- Listening Events – As some people could not attend in the day and some preferred not to attend in the evening, BHRUT will be looking at spreading the events over several times of the day and different venues as a way of increasing participation
- Spend on Locum Staff – The spend on bank and agency staff was about £20m per year. The priority was to get the spend converted to permanent staff as this would have a quality and care benefit and in addition would improve costs.
- CQC Systems – CQC had indicated oversight was less strong for mortality information and some areas appeared to be higher than should be expected, but this information may not have been accurate and collection needed review. The clinical lead for Mortality was now in place and improved governance and other actions would be progressed as necessary.
- Learning Disability Partnership Board – Steve Russell said he or a Trust Representative would attend the LDPB to improve relations between the LDPB and BHRUT and to obtain their feedback on issues of concern and would be sent dates of the LDPB meetings.
- Staff Recognition – The BHRUT Executive team now undertook weekly visits to various wards / departments. There appeared to be an improvement in the moral of staff as they now felt their concerns were being listened to. Steve Russell added that some improvements had started as suggestions from staff.

Mark Tyson advised that a live 'Twitter' comment had been posted to the Board in regards to why a member of the public had been told by 999 that 'babies are not important'. Steve Russell responded that he was not sure who had made that comment and if the call had been to 999 it may have been a response by LAS to that particular incident, however, he stressed that at Queens all infants are triaged by a specialist paediatrician.

The Chair commented that she felt that there was a level of honesty in the responses from BHRUT that was truly refreshing and some signs of practical improvements, although there was still significant improvement to come. Conor Burke, Chief Officer, CCG, supported this comment and said he felt that is some

palpable change and the honest relationship and work with NELFT and the Joint Assessment and Discharge Service was also part of the solution.

The Board:

- (i) Received the presentation and noted the response of the Deputy Chief Executive of the BHRUT to questions raised by the Board and Public and the progress of the BHRUT Improvement Plan; and
- (ii) Were encouraged by the genuine and positive level of honesty from the BHRUT and felt that whilst there was still some way to go there were clearly some tangible and practical actions being taken and improvements were beginning to be achieved.

## **62. Life Study - new UK birth cohort study**

Professor Carol Dezateux presented the report and presentation and advised that, rather than a being a snapshot study, the Life Study would follow the life course of a statistically significant number of the population from conception. The results, as they occur, will assist in the development of future government and local polices. The size of the study was robust enough to not be effected by drop out of participants over the decades. Professor Dezateux went on to explain the methodology of the study and how ONS data labs would be used to assess bias and how participants would be chosen to ensure a diverse cross section of the population was achieved. Consent would be given by the parents for the participation of the unborn child. Work was also being undertaken with NELFT about picking up the second and third years of life in the community and different communication models.

In response to a question from Councillor Carpenter the Professor confirmed that payment would not be given to individuals for their participation, but reasonable travel expenses would be met.

BHRUT was the first NHS trust to join the study and a Life Study Centre was opening imminently at King George's Hospital.

Helen Jenner, Corporate Director of Children's Services indicated that if the Life Study Team wished to attend appropriate forums that could be arranged.

In response to a question from Councillor Butt, Cabinet Member for Crime and Enforcement, Professor Dezateux advised that about a fifth of the children to be followed would be from LBBB, this was around 16,000 children.

Dr John suggested that the Study should be raised at the GP Forum in order that they could advise potential cohorts about the study, so that people are more likely to participate if approached. The Professor advised that she was currently looking at the 'flag code' on patient's records to enable GPs to know that a particular patient was participating in the Life Study.

The Chair advised that there were a large number of events arranged to celebrate the 50<sup>th</sup> anniversary of the LBBB, and the majority of these would have a health basis. Details would be provided to Professor Dezateux so that should she or her team wish they could attend those events to make the public aware of the Life

Study.

Professor Dezateux advised that she would be happy to attend any Forums or events and would be guided by the CCG and Council where the best impact could be achieved for the local area.

Family members attending sessions and /or acting as interpreters was not considered the best methodology as it could inhibit truthful responses due to embarrassment, fear or lack of understanding.

The Board noted the report, in particular:

- (i) The development of the strategic relationship between Life Study and BHRUT;
- (ii) The benefits delivered via the integrated delivery model;
- (iii) The impact of the 'in kind benefits' to the study; and
- (iv) The Board would also welcome information or presentations of findings to the Board as the Life Study progressed.

### **63. Joint Carers' Strategy and Commissioning Priorities For Future Contract(s)**

Mark Tyson, Group Manager, Integration and Commissioning, presented the report and proposals for further development into the final strategy and reminded the Board the Care Act 2014 enhanced the rights of carers in relation to assessment of need, provision of support and improved offer for information and advice. The Strategy was specifically for adult care but there were clearly some benefit in aligning commissioning of the adults and children's provision together. Mark Tyson advised the timetable for commissioning, was set out in paragraph 3.6 of the report and officers were currently working on the assumption that the assessment of carers would be brought back in-house to LBBD and further details would be reported in due course.

The Board's attention was drawn to the seven proposed outcomes for the strategy, which were set out in section 2 of the report, and the headlines which will be used to inform the approach to commissioning. The Board was advised that these would be developed further in order that the necessary consents can be obtained at the 9 December Board.

Councillor Turner indicated that it might be useful to know what was working well or less well in the current commissioning arrangements. Mark Tyson responded that there was different support for different user groups and there had been some positive feedback. There would be a need to look at stakeholder experiences in looking to future services, and some information would be provided in the next report.

The Chair commented that we still do not know the true number of carers, and suspected that there were many more than all the agencies were aware of. When they are identified the Care Act would then require assessment and necessary provision to be made for them. Sharon Morrow indicated that organisation need to embed, as common practice, how they identify carers and their needs.



Anne Bristow, Corporate Director of Adult and Community Services, indicated that what was not modelled was the cost of the assessments, and she also had concerns about putting packages together, especially as the Regulations appear to be changing yet again. Strategy might need to have a focus on how we phase in the changes and build the service over the life of the Joint Carers Strategy. The Board needed to be aware that all partners need to be realistic on what can be delivered and get the balance right across the services.

All partners were asked to provide their comments and any information to Mark Tyson.

Having considered the outcomes, the sources of evidence, links to other strategies and frameworks and proposed actions which would deliver the required support for carers, as set out in Appendix 1 to the report, the Board:

- (i) Approved the content of Appendix 1 as the basis for the final Joint Carers Strategy, which will be presented to the Board's 9 December 2014 meeting for final sign off; and
- (ii) Noted the proposed approach to extending the current carers' support contract and drawing up a more detailed approach to commissioning future services based on the general commissioning intentions set out in the report.

#### **64. Joint Strategic Needs Assessment 2014 - Key Recommendations**

Matthew Cole, Director of Public Health, presented the report which highlighted the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2014 and indicated that the recent policy and legislative requirements meant that the JSNA needs to be restructured and the nine priorities needed to change. The JSNA also needed to take on board the Borough's potential as London's Growth Opportunity and expected demographic changes.

Matthew pointed out that it was not feasible to take mental health and safeguarding out of health and there were also a large number of people in the Borough who had more than one long-term condition and dementia was a growth area, principally linked to younger people with chronic conditions which develop dementia.

In response to a question from Councillor Carpenter about the cost of CAMHS, which was three times the London rate, Matthew Cole and Sharon Morrow advised that they would be reviewing the service as the indication was that needs were not being met measured against the level of input.

In response to a question from the Chair as to what has changed in the JSNA and how it fits in with other strategies, Matthew Cole advised that the main changes are the 9 key priorities and how we can use commission to affect those. Anne Bristow advised that the next report would show where the changes were and specific topics would be brought to the fore for discussion.

In response to a question from Councillor Turner, Matthew Cole said that he felt

that the recruitment of the additional 56 Health Visitors for the Borough was on track and achievable. Jacqui Can Rossum confirmed that the number of students in training had been increased to improve trajectories and so ensure staff were in post next year. Helen Jenner reminded the Board that the funding does not provide for managing the service or for specialist Health Visitors and there was still a gap in the funding being proposed.

Conor Burke commented on the value of the JSNA in formulating needs and priorities and planning for commissioning, bearing in mind what could be realistically achieved within funding constraints that were anticipated in future years.

The Board thanked Matthew Cole for the comprehensive piece of work that he had provided.

The Board:

- (i) Agreed the recommendations of the Joint Strategic Needs Assessment (JSNA), as set out in the report.
- (ii) Noted the implications for strategic and commissioning decisions.
- (iii) Noted that work was underway to assess the impact of the Care Act 2014 and the Children and Families Act 2014, which was intended to provide the evidence and policy base for future commissioning and strategic decisions relating to those changes in statutory responsibilities.

## **65. Local Account 2013/14**

Anne Bristow, Corporate Director of Adult and Community Services, presented the report which provided historical details of the performance, and highlights what we did well and what we could have done better, spend in 2013/14 and statutory complaints report and also plans for 2014/15. Anne Bristow commented that this was now the third Local Account and wondered who it was being aimed at and what it was meant to achieve, bearing in mind it was historic information, and the response to it from the community in previous years was low. The Chair concurred with these comments and felt that the Local Account was not a living document but it was a reasonable snapshot of the service in the previous year.

Councillor Carpenter provided an insight into the number of learners and their learning and disability needs at the Adult College of which 280 learners were registered for additional learner support, 178 of whom are DDA registered and 113 have learning difficulties and disabilities.

Discussion was also held on how the Local Account could be made more attractive and useful to stakeholders.

The Board:

- (i) Noted and commented on the Local Account document and key summaries appended to the report.
- (ii) Approved the Adult Social Care Local Account 2013/14 for publication, in

order that the views of service users, partners and the community can be sought.

- (iii) Encouraged Partner organisations to contact the Corporate Director of Adult and Community Services if they had any views on the target audience(s) for future Local Account reports.
- (iv) Would support the trial of multi-media approaches to future iterations of the Local Account, and to provide the information to the public.

#### **66. Contract: Independent Domestic & Sexual Violence Advocacy Service (IDSVA)**

Glynis Rogers, Divisional Director Commissioning and Partnerships, presented the report and reminded the Board that domestic violence is exceptionally high in the Borough, although year on year there has been a reduction in repeat victims. The Domestic Violence Service needed to be remodeled and re-commissioned to encompass the feedback from the OFSTED Inspection of LBBDD Children's Services, the government funding for Troubled Funding and other local changes, including the recommendation of the Director of Public Health to priorities funding services which focus on identifying and protecting individuals at risk and experiencing domestic violence. This had resulted in the development of an integrated victim management service. The new tender will integrate all services from low risk to high risk, the details of which were contained within the report.

Councillor Turner reported that there had been discussion at Children's Trust in regard to maternity IDSVA service and was advised that this service would still be available and delivered through the hospitals but was not part of this tender.

The Board:

- (i) Approved the seeking of tenders for the procurement of an Independent Domestic and Sexual Violence Advocacy Service (IDSVA) community based provision; and
- (ii) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, to award the contract to the successful contractor upon conclusion of the procurement process.

#### **67. Urgent Care Board**

Conor Burke, Accountable Officer, CCG, presented the report and explained that the Board had changed name and the new Systems Resilience Group (SRG) had a slightly wider brief than the former Urgent Care Board and the SRG would meet monthly to improve response and planning.

Chair commented that the Joint Assessment and Discharge (JAD) Service must be fully functioning including with the provision of community based services within the three boroughs, as the JAD assessment capabilities were important to ensure

additional service capacity during the influenza season and support the reduction of beds required within the hospitals.

The Board noted that NHS England had confirmed the bids submitted, subject to weekly update reporting, and welcomed the early confirmation of the bid. The Board also noted the JAD was currently in 'mobilisation phase'.

The Board:

Considered the report of the Systems Resilience Group (SRG), formerly known as the Urgent Care Board, and the updates contained within it and asked the Accountable Officer to convey the Board's views back to the SRG.

## **68. Sub-Group Reports**

The Board noted update reports from the following:

- (i) Integrated Care Sub-Group
- (ii) Mental Health Sub-Group
- (iii) Learning Disability Partnership Board
- (iv) Children and Maternity Sub-Group
- (v) Public Health Programmes Board

## **69. Chair's Report**

The Board noted the Chair's report, which provided information on a number of events / issues:

- Alcohol Awareness Week - 17 to 23 November 2014
- White Ribbon Day Events – 25 November to 10 December 2014, including the 'Walk a Mile in Her Shoes' event.
- Health and Wellbeing Board Development Day - Feedback from 6 October 2014
- World Mental Health Day – 10 October 2014
- Health Premium Incentive Scheme
- Peer Review of the management of the market in the Borough for people with an adult social care need 7 to 9 October 2014
- Stoptober Road Show Campaign 8 September to 14 October 2014
- Mammogram checks - Harold Wood and ASDA site

## **70. Forward Plan**

The Board:

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and there had been some changes and items added since the publication of the agenda; and,
- (ii) Noted any new items / changes must be provided to Democratic Services by no later than noon 7 November for them to be considered at the 9 December Board meeting or later.

