

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 10 February 2015
(6:00 - 8:14 pm)

Present: Cllr Maureen Worby (Chair), Anne Bristow, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Helen Jenner, Nadeem Moghal, Cllr Bill Turner, Jacqui Van Rossum and Sean Wilson

Also Present: Sarah Baker and Cllr Eileen Keller Paul Roach, Joanne Murfitt

Apologies: Dr Waseem Mohi, John Atherton and Dr John

88. Declaration of Members' Interests

Jacqui Van Rossum, NELFT, declared a pecuniary interest in Agenda Item 6, 'NHS England London Commissioning Intentions for 2015/16' and took no part in the discussion or decision.

There were no other declarations of interest.

89. Appointments

The Board noted a change in representatives to the Board:

- (i) BHR Hospitals
Nadeem Moghal, Medical Director, BHR Hospitals had replaced Steven Burgess
- (ii) Metropolitan Police
Chief Superintendent Sultan Taylor, Borough Commander LBBD would be replacing Chief Superintendent Andy Ewing.

90. Minutes - 9 December 2014

The minutes of the meeting held on 9 December 2014 were confirmed as a correct.

91. Strategic Commissioning Framework for Primary Care Transformation in London

Paul Roach, Programme Director of Primary Care Transformation, NHS England, introduced the report and gave a presentation which explained how the NHS England was working towards a five year view for London, including the 'new deal' for GPs and the importance of the CCG in setting specifications and commissioning of services that will provide GP services in the future. The Board's attention was drawn to the 'Call to Action' and the challenges that GP practices in London would be facing and how the framework would bring all 32 CCGs and NHS England / London together and were advised that around 2,000 people had been involved in testing the framework and its aims. The Board noted that NHS England felt the framework would:

- Provide better joined up care and the right investment in better premises
- Improve accountability as it set out clearer expectations and people could raise concerns with NHS England.

Councillor Carpenter, Cabinet Member for Education and Schools, asked what would be the most significant difference she would find in five years time. Paul Roach advised that GPs would be able to understand and support medical conditions and access facilities for individualised care, including social and health care pathways, possibly through local access through a group of practices.

Councillor Turner raised the issue of accountability of GP practices, particularly in regards to ease of access and delivering public health aims. Paul Roach responded that the new contractual forms would within the next five years ensure that funding is available for the correct level of health professionals across the range of conditions and needs.

Councillor Turner commented that any member of the public could complain but it was essential that expectation levels were set and new modern ways of working and different media methods were utilised for the modern world in which we now live.

Anne Bristow, Corporate Director of Adult and Community Services, indicated that there were at least 6.8m people in the NHS London area but it is not clear where problems are reported, to whom and when, within the NHS / GP structures. Anne Bristow also commented that local people would like an appointment within a reasonable time and it was not all about major investments and solutions at a London level may in reality not improve local problems on the ground. Paul Roach responded that the answer lay with co-commissioning and work would need to be undertaken at a much more local CCG level with the knowledge and understanding of what the needs were locally.

Councillor Worby commented that whilst the principle of the framework and objectives were fine, she was concerned that the co-commissioning was cross London and this could be a retrograde step and move us back to where we were two years ago. Connor Burke agreed that all public organisations delivery of services needed to be at a local level and meet local needs and understood why there were some concerns as London was a large area with diverse needs and inherent differences between the 32 boroughs. Connor Burke added that they had put in an application for co-commissioning and this had just been approved. As a result from the 1 April the CCG will be the performance manager with NHS England as a key partner and that shadow governance arrangements had been put into place.

Councillor Worby commented that the specifications in the framework must make a difference to patients turning up at the GPs surgery and there must be a better front line experience.

Matthew Cole raise the issue of the Royal College report on the need for more GPs over the coming years and how that had indicated that 56 more GPs would be needed for Barking and Dagenham and over a 100 for Redbridge and asked how the NHS were going to get close to 200 new GPs in this sub area. Paul

Roach advised that there is a national commitment to increase the number of GPs and this would include long-term training and recruitment. However, 70% of the workforce we had now would still be in place in 10 years time and training would be needed to update their skill sets to deal with health needs in the future.

The Board:

- (i) Reminded NHS England of the need to ensure that local provision meets the Borough's needs and that it does not grow to become a recreation of Outer North East London (ONEL) and raised and noted NHS England's assurances in regard to new co-commissioning being shared between NHS England, CCG and the Council.
- (ii) Raised its concerns in regards to the accountability of GPs / GP practices and their delivery of services.
- (ii) Raised concern about the number of health professionals, particularly GPs that would be required by LBBDD and surrounding boroughs in the next five to ten years and noted the reassurance given by NHS England to their activity to meet demand.

92. Health and Wellbeing Outcomes Framework Performance Report - Quarter 3 (2014/15)

Mathew Cole, Director of Public Health, presented the report and drew the Board's attention to issues set out within the report and appendix and the significant issues that remain in A&E, referral to treatment time, the cancer pathway and unplanned admissions for ambulatory care sensitive conditions. The discussions included:

Councillor Carpenter drew the Boards attention to page 45 of the agenda and raised concern around the Chlamydia screening targets and achievement rates, which appeared to show both a reduction in target levels and a worsening performance. Matthew Cole explained that that tests undertaken at GUM clinics are not included in the figures and how the target had changed from the number of positive results to the number of people screened: on that basis we were achieving higher identification rates. Matthew Cole also reminded the Board that currently the contract is out for procurement. Testing facilities will also be at all LBBDD 50th Anniversary public events during 2015.

Councillor Worby raised the issue of how the awareness of the young could be increased in regards to the risks of Chlamydia and other sexually transmitted infections (STIs).

Frances Carroll, Healthwatch, drew the Boards attention to page 41 of the agenda and commented that there still appeared to be a considerable level of unprotected sexual activity in under 25s and there were clearly links to this behaviour and the under 18 conception rates and asked what the plans were to target this issue. Matthew Cole responded significant work had been undertaken on this issue in previous years and that under 18 conception rates, whilst still of concern, had been reducing over the years.

The Chair, Councillor Worby, Cabinet Member for Adult Social Care and Health, raised the issue of the A&E performance. Dr Nadeem Moghal, Medical Director,

BHR Hospitals, recognised that there has been a problem around A&E over the winter pressures and why the targets were important to the treatment and subsequent discharge of patients. Dr Moghal explained that the Elderly Receiving Unit had now been established and also gave an update on the progress that was being made in regards to ambulatory care team(s). Consultants were also looking at redesigning the A&E and other systems to improve workflow and patient transitions. Work was also being undertaken to ensure that the workforce was skills based and not just profession based.

Conor Burke added that the figures had improved since the report was completed in January. There have been a number of occasions where 97% or 98% of patients had been seen within four hours at King George's Hospital and 90% to 95% at Queens Hospital and work was continuing to achieve those rates every day. Discharge rates had also improved and they were now amongst the higher quartile.

Councillor Turner raised the issue of the London Ambulance Service (LAS) and their input to the process and the lack of LAS engagement with this Board. Conor Burke advised that the LAS do attend the Urgent Care Board. The LAS was also experiencing recruitment and retention issues, as are many other ambulance services across the country.

The Chair agreed that the LAS should be formally invited to attend the next meeting of the Board.

The Chair pointed out that health check target was 20%, but currently only 5% is being achieved and asked what was being done to improve on this. Anne Bristow explained to the Board the actions that were being taken to increase the rate and would gladly receive any suggestions from partners on how the rates could be improved further. Matthew Cole advised the challenge had been issued to GPs to improve their rate but it should be noted that LBBDD are currently achieving higher rates in some areas than many across London and are performing much better than Havering or Redbridge. Conor Burke agreed to add this issue to the HA improvement Programme.

Jacqui Van Rossum pointed out that the child mental health treatment rates had improved considerably.

Having received the report, reviewed the overarching dashboard. discussed the performance report for Quarter 3, noted the further detail provided on specific indicators and the new data available, specifically the A&E survey, smoking quitters, Chlamydia screening and NHS Health Check and the actions being taken to sustain or achieve good performance, the Board:

- (i) Noted in particular the:
- 'Green shoot' improvement in A&E performance on a number of days during January and early February 2015.
 - The new Joint Assessment and Discharge Service (JAD) had the resulted in the lowest levels of delayed transfer of care in London.
 - Improvement achieved by the CAHMS service.

- (ii) Agreed to invite the London Ambulance Service (LAS) to attend the next Board meeting to discuss issues affecting their service.
- (iii) Requested Partners to pass any suggestion they had for improving the NHS Health Check rates and Chlamydia awareness and screening to the Director of Public Health.

93. NHS England London Commissioning Intentions for 2015/16

Matthew Cole, Director of Public Health, LBBD and Joanne Murfitt, Head of Public Health in The Justice System and Military Health, NHS England London, jointly presented report on the progress on the implementation of the 2015/16 NHS England London commissioning plan, the full details of which were set out in report.

The Board were reminded that the 0 to 5 transfer is due to occur on the 1 October but LBBD had not yet accepted the service as there were still issues in regards to staff numbers and funding. There was also improvement needed to the immunisation records and improving links with maternity services and a further report on immunisation would be presented in due course.

The Board were assured that the flu vaccination was still effective against some antigens even though another had mutated. Vaccination should be encouraged, especially for high risk groups such as pregnant women.

As part of the cancer screening programme a new administrative centre had been established at King George's Hospital for bowel cancer screening. The breast screening service was currently being scoped to go out to tender and discussions were also being held with local women to identify their barriers to attending screening. It was noted that cervical screening rates had also dropped across London and Europe generally.

The new diabetic eye screening service would be in place by October 2015 and consideration would be given to making it more locally accessible.

The Audit of the Custody Suite in Freshwharf had been undertaken and it had been assessed as one of the best in London. Continuity of care for offenders was also being reviewed.

Councillor Turner raised the issue of women being encouraged to undertake testing for sickle cell anaemia and getting them booked in for the necessary care. Councillor Turner raised the issue of service co-ordination between NHS, who commission the tests, and the CCG who commission maternity provision. Anne Bristow commented that a large amount of resources had gone into sickle cell over recent years and this had been one of the success stories of the Health and Wellbeing Strategy.

The Board:

- (i) Noted progress on the implementation of the 2015/16 NHS England London commissioning plans and in particular the current position for the following programmes of care:
 - Antenatal and new born screening

- Early years and Child Health Information Systems
 - Immunisations
 - Cancer Screening Programmes
 - Adult Screening Programmes
 - Health in the Justice System services
 - Veterans Health
 - Sickle Cell and Maternal identification
- (ii) Noted as part of the retender of the Diabetic Eye Screening service, it was intended to provide a more local service and for the service to be in place by end October 2015.
- (iii) Requested NHS England to provide further information to the Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.

94. Health and Young Offenders

Matthew Cole, Director of Public Health, presented the report which had been provided to enable partners to jointly consider how to deal with the health issues of young offenders. Young offenders' health issues were often complex, and included risky sexual and health behaviours, language, communication difficulties, learning difficulties, autistic spectrum disorders and mental health issues.

The Chair drew the Board's attentions to paragraph 2.9 of the report and details of the family situations, living circumstances and homelessness of many young offenders. The Chair was concerned about wording in reports and said that care needed to be taken to ensure that it was not inflammatory. Councillor Turner pointed out that the accepted phraseology now was 'learning difficulties' not 'learning disabilities'.

Councillor Turner advised that a report had been published three years before about the neurological disorders in young offenders and how offending may in some instances not be a learned behaviour. It was noted, however, that early intervention, especially with troubled families, can significantly reduce offending behaviour.

As part of the discussion it was suggested that at the next refresh of the Health and Wellbeing Strategy that Young Offenders should be considered for inclusion as a vulnerable groups.

Chief Superintendent, Sean Wilson, Deputy Borough Commander, advised that young people were given a lot of attention when in custody. For the first time all custody suites were now under one command across London and as the command matures some of the concerns of the past would be allayed. Sean Wilson said that he had personally visited custody suites and had been impressed but accepted that there was still work to be done, especial where mental health issues were involved. Helen Jenner, said that one of the things that we do know is that many of the needs of young people in custody could be met by use of therapies and counselling support.

Sara Barker, Independent Chair of Safeguarding Children Board, commented on the work that needed to be done to ensure that whether or not a young person is being looked after under the Children's Act does not impact disproportionately and how safeguarding issues, such as sexual exploitation are recognised and appropriate action taken.

The Chair said the Children and Maternity Sub Group would clearly be picking up some of the work needed and reporting back to the Board in due course.

Anne Bristow said that following Havering pulling out of the Joint Service it was necessary and opportune to look again at the needs of young offenders and the services provided collectively by partners.

The Board received the report and the information contained within it, and noted the involvement of partners in delivering health and prevention services to young offenders.

The Board agreed:

- (i) The Divisional Director Community Safety and Public Protection should liaise with the Chief Operating Officer LBBDCCG in regards to a 'task and finish' group and to report back to the Board in six months on the support needed and available for young offenders, particularly for those that fall in between troubled families and offending.
- (ii) NHS Barking and Dagenham Clinical Commissioning Group (CCG) needed to have regard for the adequate provision of health services to support Youth Offending Services with a clear set of outcomes and activity expectations across the breadth of the youth justice system.
- (iii) All young offenders should have an annual health check encompassing physical, mental health, emotional health and health risk behaviours. The findings and the agreed health outcomes plan agreed with the client should form part of the overall YOS care and support planning records.
- (iv) YOS Health Services need to be commissioned with adequate resource and a clear set of outcomes and activity expectations across the breadth of the youth justice system.
- (v) Significant work was needed to educate the wider health community about the needs of young offenders and develop a clear coherent pathway and transition plans for youth offenders; this work could be led by a GP clinical champion who has a special interest in adolescent medicine and the criminal justice system.
- (vi) Workforce development planning and training programmes for both health and social care staff should include explicit education on youth justice for all front line professionals. There should also be specific training additional training support on health risk assessment and understanding of the NHS for YOS professionals.
- (vii) Consideration should be given to adding Young Offenders to the list of vulnerable groups in the Health and Wellbeing Strategy.

- (viii) Noted that the Metropolitan Police Custody Suites were now under a dedicated London-wide command to bring consistency to the service provided and NHS England had indicated that they were re-thinking their health provision in prisons and custody suites.

95. New Psychoactive Substances

Anne Bristow, Corporate Director of Adult and Community Services, and Sonia Drozd, Drug Strategy Manager jointly presented the report and explained that new psychoactive substances (NPS), often referred to as 'legal highs', were unregulated substances being openly sold to the public and why there were problems in making them banned substances under legislation. NPS were untested and there were no quality controls during production and NPS certainly could not be considered safe just because they were not banned substances. NPS could also have a significant detrimental impact on the user's mental and physical health.

The Board's attention was drawn to the pilot survey of young people undertaken by the Substance Misuse Strategy team to understand the use of NPS and in view of those results the survey was now going to be expanded in order to obtain a much more accurate insight into NPS locally. The Chair said that she was concerned about the percentage of young people in the pilot who had used or knew somebody who had used NPS.

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group, advised that she would be meeting with clinical directors and would see if the survey could be raised with GPs and other health professionals to increase awareness and improve evidence capture.

Councillor Carpenter raised misuse of over-the-counter and prescribed medications. Anne Bristow said that this issue was coming more to the fore and it was intended to produce a scoping report for the Board for consideration in the autumn.

In response to a question Sonia Drozd confirmed that there had not been any increase in individuals accessing drug treatment services for advice and support since 'Khat' had been banned.

Councillor Turner said that he felt that legal highs and medication misuse should form part of our overall substance misuse strategy. Discussion was then held on the mobility of the supply of NPS and the benefit for cross-borough working with adjoining boroughs.

Sarah Barker questioned if schools and teachers were aware of NPS and stressed the need to ensure that that work would be undertaken in conjunction with the schools, young people's safety group, BAD Youth Forum and young people to raise awareness amongst young people to the dangers associated with NPS. Helen Jenner confirmed that PHSE in schools now included NPS to make sure that teachers and students are being informed.

The Board received the report and:

- (i) Noted the work to date and discussed GPs, pharmacies and other health partners and schools actions in response to this problem.
- (ii) Agreed this issue should be part of the Substance Misuse Strategy and requested Partners to disseminate information to their staff and that cross borough working may be beneficial, especially in regards to spreading information and awareness to the public and professionals.
- (iii) Requested a report on over the counter medication abuse at a future Board meeting.

96. The Care Act 2014: Preparedness of NHS organisations

Baker Anne Bristow, Corporate Director of Adult and Community Services, presented the report which contained the responses from the partners on their preparedness to meet the requirements of service provision and support that would be required by the Care Act 2014 and assurances that resources would be in place.

Councillor Carpenter asked for clarification on the comment on Page 101 of the agenda about the expected price differential and possible disruption of the local market for residential care and the price discrimination between local authority procured and self-funded provision. Anne Bristow explained that due to their buying power, local authorities can often achieve very keen charges and could also give a level of assurance of the quality being provided. The Council could also be approached to arrange care, and gave the example of beds being bought to support the winter crisis points.

Councillor Carpenter commented that the BHRUT answers seem rather brief and needed more specific detail and Sara Baker commented that there was not explicit information about transition care. Anne Bristow advised that we are clear about what the Act requires and how it should operate but at the moment there was still a concern that health partners may not be 100% ready and conversations would be continuing with the health partners to obtain more details and assurances.

The Chair said that she could not stress strongly enough the implications of this Act and the resource needed and that she still had concerns about individuals deciding what care they wish to buy and from whom, which then turned out to not be the best choice for their need.

Having received the report and presentation, the Board:

- (i) Noted the submissions at Appendix 1 of the report, from NHS organisations, which gave assurance of their Care Act awareness and preparedness.
- (ii) Noted the duties and requirements highlighted at Appendix 2 of the report.

97. The Care Act 2014: National and Local Communications

Anne Bristow, Corporate Director of Adult and Community Services introduced the report and gave a presentation which explained that Public Health England had devised tool kit and communication campaign that would be on radio, media, internet information, poster advertisements and leaflet drops. Work would need to

be undertaken to ensure that all local GPs are aware and are advertising the changes. This national campaign was launched on 2 February. The Council had decided to go with the national materials, adjusted to reflect local needs, and would not be advertising on buses. The BBC was also running a series of programmes / items that would focus on care.

Councillor Worby said that it seemed strange to her that Public Health England had chosen Chadwell Heath ward for the every household leaflet drop, rather than some of the more deprived areas of the Borough.

Dr Nadeem Moghal commented that as the services need to become increasingly integrated work was progressing on those relationships.

Anne Bristow concluded by advising it was expected that as the public, clients, and relatives pick up on these changes the call levels seeking advice and reassurance would increase considerably and plans were already in place to deal with that pressure.

Having received the report and presentation, the Board:

- (i) Noted the approach to communications and the activities planned throughout the public awareness campaign to reach residents on the changes to care and support that arise from the Care Act.
- (ii) Discussed ways in which partner organisations can support communications activities and also ensure that their staff were aware of the impending changes.

98. Section 75 Agreement for the Joint Assessment and Discharge Service

Bruce Morris presented the report and advised that the Board had received a report previously on the establishment of a Joint Assessment and Discharge Service (JAD) that was intended to provide an integrated approach to the discharge of patients and the contributing partners were BHRUT, NELFT, LBBB and Havering: with LBBB leading the implementation and being the host for the service.

The service was now fully operational and a Section 75 agreement was now needed to formalise the arrangements. The CCG Governing Bodies had already signed off the Section 75 agreement and Havering were also going through the sign off process at the moment.

Bruce Morris said that the service had only been operational since June but had worked well through the winter. Across the partnership it had been seen as positive in supporting the acute services, especially in the reduction of pressures on hospital A&E departments over the winter months, and partners were keen to use the service and felt it had a key role in supporting hospitals to facilitate safe discharge. Bruce Morris also drew the Boards attention to the Highly Commended Quality Award that JAD had recently received under the category of 'Collaboration and Partnership Education'.

Bruce Morrison stressed that the service had not cost any extra money but had simply been the pooling of services that were already there.

Dr Nadeem Moghal commented that the Chief Operating officers were also saying this new JAD was having a positive effect.

Councillor Turner asked about the awareness of adult safeguarding. Bruce Morris advised that all JAD staff would be fully qualified social workers, occupational therapist, nurses or other health professionals that would have safeguarding training and this would ensure that safeguarding issues can be recognised and dealt with effectively and quickly.

The Board wished to place on record its appreciation to the staff and services who had risen to the challenge in finding and working in new and novel ways.

Having received and discussed the report, the Board:

- (i) Agreed the proposed S75 agreement, as set out in Appendix 2 of the report, and noted the successful implementation of the Joint Assessment and Discharge Service.
- (ii) Noted the positive performance of the Joint Assessment and Discharge Service and its contribution to winter planning and operational resilience across health and social care, the details of which were set out in Appendix 1 to the report.
- (iii) Noted the Service had won an award for training under the category of 'Collaborative and Partnership Education'
- (iv) Noted the Service had been provided from utilising existing resources in novel and different ways and as a result had not required additional financial support.

99. Sub-Group Reports

Noted update reports from

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

100. Systems Resilience Group - Update

The Board:

- (i) Received the update from the Systems Resilience Group, and noted that briefing given to the Group's meetings held on the 19 December 2014.
- (ii) Noted that efforts were starting to improve performance and patient

experience but there was still concern about Accident and Emergency targets not being met.

101. Chair's Report

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

- **Make a Change** – Healthier Lifestyle campaign.
The Chair also encouraged the Board members to make their own pledge about what they would do or change to make their own life healthier.
- **50th Anniversary Celebrations.**
- **News from NHS England**
 - Increase in patients accessing medical records online
 - Patients able to book appointments and request repeat prescriptions has jumped to 91 per cent and 88 per cent respectively
- **Cancer Drug Fund**
- **Have your say on health and services**
Feedback from the public event held January 2015.
- **New Medical Director**
Appointment of Dr Nadeem Moghal has been appointed as the new executive Medical Director at Barking, Havering and Redbridge University Hospitals NHS Trust.
- **Better Care Fund**
- **0 – 5 Transfer of Health Visitors**
Update on the transfer, funding implications, supervision and management, contract performance and MASH allocations, including a letter sent by the Council on 16 January 2015 to Department of Health in regards to inadequate baseline allocations.
- **Ebola – The National Situation**
UK public health risk from Ebola continues to be very low.
- **Adult Social Care Survey for 2014/2015**
658 service users would be sent a questionnaire.
- **Dates for Diaries**
Health and Wellbeing Board Development Afternoon will be on 17 April 2015

102. Timing of Meetings

The Board noted the Council would be changing its meeting default start time to 7.00 p.m., however, having considered the preferred start time of the partners the Board:

- (i) Agreed that it would continue to start its meetings at 6.00 p.m, and aim to concluding business within two hours.

103. 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 6.00p.m, on 11 February 2015 for them to be considered at the 17 March 2015 meeting or later.