

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 12 May 2015
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Chief Superintendent Sultan Taylor, Conor Burke, Cllr Laila Butt, Frances Carroll, Matthew Cole, Helen Jenner, Cllr Bill Turner and Jacqui Van Rossum

Also Present: Sarah Baker, Cllr Eileen Keller and Cllr Dominic Twomey,

Apologies: John Atherton, Dr Nadeem Moghal and Cllr Evelyn Carpenter,

121. Declaration of Members' Interests

There were no declarations of interest.

122. Minutes - To confirm as correct the minutes of the meeting on 17 March 2015

The minutes of the meeting held on 17 March were confirmed as correct.

123. Draft Refresh of the Joint Health and Wellbeing Strategy Including Delivery Plan and Outcomes Framework

Matthew Cole, Director of Public Health, presented the report on the draft refreshed Health and Wellbeing Strategy, which set out the vision for improving the health and wellbeing of residents and reducing health inequalities by 2018 through identifying key priorities based upon evidence in the Joint Strategic Needs Assessment (JSNA). The priorities would then act as the cornerstone for commissioning plans and other agreements and how partners would use those and other resources to deliver the agreed priorities to maximise health gain. The refresh of the Strategy was supported by two key documents the Health and Wellbeing Outcomes Framework, which set out the monitoring indicators, and the Health and Wellbeing Strategy Delivery Plan 2015-18, which set out the and time frame for the delivery of the key actions.

In response to questions Matthew advised that there were other strategies and plans that hold overall responsibility for an issue, for example for domestic violence sits under the responsibility of the Community Safety Partnership, therefore they were not duplicated in this strategy. It was felt that Child Sexual Exploitation was an area where the Health and Wellbeing Board should lead in view of the health partnerships. Matthew went on to explain that the Joint Health and Wellbeing Strategy covered high level strategic risks as specific risks such as maternity services returning from Barts Trust would be dealt with by the appropriate Health and Wellbeing Board sub-groups dealing with delivery.

There was discussion about the provision of a strategic map to show who the lead Board and Sub Group was for responsibilities and priorities. Matthew agreed to provide this for this Strategy.

Councillor Turner commented on three aspects. He was concerned that there was

no reference to sickle cell anaemia, which had been raised at earlier Board meetings as being of high prevalence in this Borough. There was also no overview of the effect of transient populations, which in the Borough was being exasperated by the turnover of tenants in private accommodation and that accommodation could often be of poor quality. Cllr Turner said he was concerned that this could affect private rented tenants' ability to seek and continue with health care and for them to be targeted to achieve good health outcomes. Cllr Turner commented that he was also concerned about the ability of residents to easily access shops to get fresh foods, such as fruit and vegetables, and whether the Planning Framework could be a way of improving access to shops that could encourage health eating.

Matthew responded that Housing had been consulted and had indicated that they were extremely happy with the Strategy; however, he would go back to housing and ask them about making greater reference to the effect of transient and poor quality housing. Anne Bristow, Corporate Director of Adult and Community Services, advised that sickle cell anaemia had been a priority in the previous strategy. As a result action plans had been put into place and already delivered against resulting in improvements, therefore, this was not a priority this year. Matthew added that diabetes was in last year and was still a priority this year because the issues had not improved sufficiently to the sub-group's satisfaction.

Matthew confirmed that BME did not just cover black ethnicities and did include people of white European origin, including from countries such as Latvia, Poland and Romania.

The Chair said that she felt it was important that the wider implications were understood by all partners and within partner organisation, as a result she was formally requesting that the Board partner organisation consider this Strategy at all their executive Board meetings.

The Board:

- (i) The Board agreed to the Health and Wellbeing Strategy, Outcomes Framework and Delivery Plan 2015-18, as set out in the report, subject to the:
 - (a) Provision of an strategy map showing responsibilities and priorities,
 - (b) Inclusion of an overview which acknowledged that tenant turnover in private rented accommodation could impact on health outcomes;
- (ii) The Board also requested that the Strategy should be presented to the governing / executive meetings of the Board Members organisations, including LBBDD Cabinet, and the governing boards of the CCG, BHRUT and NELFT so that they were all fully aware of the across the board implications.

124. Prevention: A Local Framework for Preventing, Reducing and Delaying Care and Support Needs In Adults

Conor Burke (Chief Accountable Officer, Barking and Dagenham, Clinical Commissioning Group), Jacqui Van Rossum (Jacqui Van Rossum, Executive

Director Integrated Care (London) and Transformation, NELFT) and Dr Mohi (Chair - Barking and Dagenham Clinical Commissioning Group) all arrived during this item.

Ian Winter CBE, Care Act Programme Lead, gave a presentation on the prevention approach in reducing and delaying care and support needs in adults and the both Council's and its partners' plans to meet their responsibilities.

Ian explained that whilst the document showed the key links to other strategies, it was not a strategy in itself but set out the links to other agencies and the community. Ian explained that you can reduce the impact and sometimes delay the effect of conditions, but you cannot ultimately stop the condition progressing, be it dementia or other serious health conditions. However, it was important to prevent and delay the need for hospital admissions and also to move away from the care homes mentality of sending residents to hospital on a Friday: especially in end of life situations as this was very distressing for both the individual and their families and put extra stress on the hospitals.

Ian drew the Boards attention to the Health and Wellbeing Board Development Session that was held on 16 April 2015 and the work covered during the session and the two guest speakers that had attended and their advice about making decision 'personal'.

Ian explained that The Better Care Fund was one of the primary drivers of the prevention aims and that the Council's priority 'Enabling Social Responsibility' applies across all its actions was a significant acceptance of the importance of individual and the greater community involvement. This impacted on individual responsibility, in regards to what people could do for themselves and an individualised approach to each resident, for example what can family, friends neighbours, religious community and wider community do to help. Then there was the support that organisation, such as the Council and NHS, could offer. To meet the growing pressures it would become more important that larger organisations did not just focus on day-to-day care standards, but on what could be done to prevent escalation and that needed both innovation and a cultural shift in attitude.

The Chair reinforced what Ian Winter had said and commented that it had been a struggle to get prevention delivered and it was now important to identify the 'person' and do what was necessary to provide the services that work for the person. Conor Burke agreed that prevention was clearly the right thing to do and it was now about working out how we do it to reduce the impact on resources in the future.

Helen Jenner, Corporate Director of Children's Services, commented on Appendix 2 and requested that a comment about challenging age discrimination should be included.

Having discussed and commented upon the proposals set out in the report and the Prevention Framework attached to the report.

The Board:

Noted the duties and responsibilities of the Council and its partners to help prevent, delay or reduce the likelihood of individuals developing increased needs

for care and support as a whole Borough responsibility.

- (ii) Agreed the Prevention Framework, as set out in Appendix A to the report, and, in particular, agree the proposed next steps.
- (iii) Agreed that a comment about challenging age discrimination should be included.

125. Mental Health Needs Assessment

Matthew Cole, Director of Public Health, presented the report on the review of the Needs Assessment and explained how the Mental Health Sub-Group had identified a number of areas where action would generally further improve earlier diagnosis and sign posting to support and/or treatment for adults, children and adolescence. Set out in Appendix 1 to the report were the 25 recommendations by the Mental Health Sub-Group to the Board.

Matthew explained that nationally we do not know how many adults or children are ill or need support. Locally we appear to be underscoring against predicted numbers, based upon national and local anticipated incidence rates. What was clear is that we are diagnosing too late for both adults and children and that the earlier support and treatment is provided the less negative impact there is on the quality of life of individuals.

Helen Jenner commented that it is essential to capture issues in regards to emotional resilience at an early an age as possible as evidence shows that this then reduces the impact later in an individual's life. Helen also drew the Boards attention to the comment that there were 4,500 diagnosed but less than 1,000 are currently getting or had received treatment, the comment in the document was that this was 'some lost' when in fact that was quite misleading as there was a lot lost to the system.

Helen also requested that looked after children needed to be given priority access to support them through the care system and into adulthood and this needed to be specified in the Needs Assessment and delivery plans. This request was supported by the Board.

Discussion was held in regard to the statistics within the document and that it was felt they were seriously under estimated. It was agreed that Matthew Cole and Jacqui van Rossum would work with other Board members to ensure that the figures were robust and triangulated as the actual level of demand and areas of need would have a major impact on future service delivery and the resources needed and inform the Board in its future decisions. The Chair said that she too had concerns about the data and numbers quoted in the report, but she was also disappointed that the sub-groups had not picked this up earlier and stressed that was why attendance and engagement at the sub-groups was important.

Having considered the recommendations made by the Mental Health Sub-Group and following discussions in regard to the data and effect that could have on service delivery and future Board decisions.

The Board:

- (i) Deferred its approval of the Mental Health Needs Assessment;
- (ii) Requested Matthew Cole and Jacqui van Rossum to work with other Partners to ensure that the data / figures were robust and triangulated; and
- (iii) Requested the Mental Health Sub-Group to incorporate the views of the Health and Wellbeing Board, set out above, in regards numbers of patients lost to the system and to looked after children and statements, into the vision
- (ii) Requested a revised Mental Health Needs Assessment and delivery plan, based upon the revised data, be presented to the Board at its 7 July 2015 meeting for approval.
- (iv) Reminded partners of the need for sub-group attendance and also robust scrutiny of the documents and data presented at those groups.

126. Health and Wellbeing Outcomes Framework Performance Report - Quarter 4 (2014/15)

Matthew Cole, Director of Public Health, presented the report on the performance for Quarter 3 and drew the Board attention to a number of improvements and need for further improvements that were needed.

The Chair commented that there were some signs of improvement, for example the number of health checks had improved, but she was disappointed that the level of immunisations had dropped and that the Borough's two primary hospital Trusts were now in special measures.

As part of the discussion it was noted that BHRUT and CCG would be working on improving primary care now that the acute provision is being stabilised. In addition the CQC report on Queens Hospital was expected in the near future and it was possible that Queens Hospital may be removed from special measures. Barts Trust was primarily in special measures due to the serious concerns about Whipps Cross Hospital and whilst the Barking and Dagenham CCG had an interest in that provision they were not directly responsible or significantly involved.

Conor Burke commented that provision across the whole of the area would need to be up-scaled to be able to deal with the population growth that was projected to occur as there would be significant effect on both the CCG provision and the local hospitals.

In response to a question from Councillor Turner about residential care homes being inadequate, Anne Bristow explained that under the new criteria care homes now either fully meet the criteria, or they don't. There was now no category to allow minor infringements to be noted and dealt with. Minor infringements would now result in 'not met'.

In regard to starting the programme of visits to care homes in the Borough. Helen Jenner suggested that the Ofsted model may be a good basis to work. Frances Carroll, Healthwatch, advise that they can do both announced and unannounced visits but they have some difficulty in then working out where their reports should be reported onto for action. The Chair said that they would look at

the use or adaption of the Ofsted model and would discuss with Councillor Keller, Chair of the Health and Adult Services Select Committee, to ensure that maximum scrutiny could be given to ensure improved service levels were achieved for residents.

Jacqui van Rossum did not discount that there could be a data feed delay in regards to the number of newborns not seen within 14 days, however, she suggested that it might be advisable to undertake exception reporting to identify why a baby had not been seen. for example if the baby was still in hospital or may be in another health authority area.

A member of the public present raised a question in regards to paragraph 5.4 of the report and the standards not being met by Abbeyfield East London Extra Care Society. Anne Bristow explained the CQC would give a timeframe for the necessary action to be taken and depending on the issue that could be a requirement for immediate action or longer timeframes, for example to arrange and train staff etc. Regular monitoring would be undertaken to ensure the required actions were progressing adequately.

Having received the report, reviewed the overarching dashboard, discussed the performance report for Quarter 3, noted the new data available and further detail provided on specific indicators, and the actions being taken to sustain or achieve good performance.

The Board:

- (i) Noted quarterly improvements and that
 - A&E attendances had decreased between February and March, extended hours opening being introduced.
 - A 6.7% reduction in ambulance conveyances to BHRUT.
 - Chlamydia screening uptake had increased, as had detection rates.
 - NHS Health Checks for eligible residents was now above target.
 - Reductions in IAPT referral waiting times.
 - Children and young people accessing CAHMS was up by 16%.
 - Face-to-face health visitor visits for new born children had increased to 85.1%. However, nearly 15% of newborns not being seen within 14 days needed to be viewed as a potential safeguarding risk, and exception reporting would be necessary to identify if the child was in hospital or had been seen in another health authority area.

- (ii) Noted that further improvement was indicated in regards to
 - Child immunisation take-up.
 - Reduction in teenage conception rates.
 - Health checks for looked after children.
 - Smoking quitters, although it was noted there had been some significant improvement from 4 to 34 pregnant mothers who had been admitted to the course.
 - Reports from the Care Quality Commission inspections in regard to GP practices and care homes, including six breaches at Alexander Court Care Centre. The Liberty Centre care home was in Havering, and they were leading on that investigation
 - The number of 2 to 2.5 year olds seen by a health visitor.

- (iii) Noted that further information on the inspections of care homes, including by Councillors and other interested persons, would be provided in due course.

127. Review of Learning Disability and Autism Health and Social Care Self Assessments

Glynis Rogers, Divisional Director - Commissioning and Partnerships, presented the report on the submissions that were made under the Learning Disability Self-Assessment Framework (LDSAF) and the Autism Self-Assessment Framework (ASAF) as one way the health partners and Council recognised the overall needs, experience and wishes of both people with a learning disability, autism and their carers.

Glynis explained the self assessment was our response to the Winterbourne View Hospital report. In addition to providing a national and regional view of services it also provides local context. There were 26 measures in the Self-Assessment Framework (SAF) and the Council was asked to comment on 23 of those. Glynis explained that performance had been 'RAG' rated and six measures remained at amber. These six measures primarily related to advocacy services, and concerns around those services had been reported to the Board. There was one measure where performance had declined, however, the performance had been the same as last year, at 91%, but the benchmark was raised to 100% this year, therefore only 100% achievement would have achieved green.

Glynis drew the Board's attention to Autism not being specifically covered in the Housing Strategy and gave assurance that the new Strategy should cover this and this would be monitored by the Learning Disability Group.

In response to a question from Helen Jenner, Glynis confirmed that the term 'people' in the report included children. Helen asked that the report was also presented to the appropriate groups including the Children and Maternity Group.

The Chair commented that this was a high level document and the sub-groups needed to ensure delivery. The Chair stressed that if any group was struggling to achieve their target(s) then an early indication should be passed to the Board, and they should not wait till the end of the year. This would give the Board assurance that strategies and delivery plans were working.

Councillor Turner requested that when referring to service users an indication of the numbers we actually have in the Borough was provided. It was suggested that an overview box providing such data should be included in all reports wherever possible. This was supported by the Board.

Sarah Barker, Independent Chair of the both the Local Adult and Children Safeguarding Boards, advised that as there were safeguarding aspects she would ensure that this report was put on the Local Safeguarding Boards' agendas.

Conor Burke credited both the clarity of the report and commented that clearly work was being done.

The Board noted and discussed the submissions and the proposed headline

actions set out in the report.

The Board:

- (i) Agreed the proposed actions set out in the report and charged the Learning Disability Partnership Board to expand and take forward those actions at their meeting on 19 May 2015.
- (ii) Requested that wherever possible an overview box was provided in all future reports to the Board to give an indication of the number of residents involved / service user in the Borough.

128. Review of Governance Arrangements Of The Sub Structure Of The Health And Wellbeing Board

Mark Tyson, Group Manager – Integration and Commissioning, presented the review of governance arrangements for the sub structure (sub-groups) of the Board. The Board was now in its third statutory year and the sub-group structure was reviewed each year. Mark explained how the Executive Programme Group had reviewed the sub-groups and the views of the Chairs of the sub-groups had also been sought to see if in their view there was any changes needed to the structure or their terms of reference.

As a result of the review it was proposed that the structure and sub-groups remain broadly the same, but with some alteration to the focus and arrangements of the Integrated Care Sub-Group, the details of which were set out in the report.

Having received the report and considered the sub structure of the Health and Wellbeing Board and the proposed changes to the focus and arrangement for the sub-groups.

The Board

- (i) Agreed there should be no changes to the Terms of Reference of the Executive Planning Group, Children and Maternity Sub-Group, Public Health Programmes Board, Learning Disability Partnership Board (LDPB), Mental Health Sub-Group;
- (ii) Agreed the changes to the focus and arrangement of the Integrated Care Sub-Group, as set out in section 2 of the report, from May 2015.
- (iii) Confirmed the membership of each of the sub-groups, as set out in Appendix 1 to the report.

129. Systems Resilience Group - Update

Conor Burke, Accountable Officer, Barking and Dagenham CCG, presented the report and reminded the Board of the role of the System Resilience Group (SRG), which had previously been known as the Urgent Care Board.

Conor advised that action plans to improve service provision, customer experience and achieve removal from special measures were progressing well and the Trust was gradually improving. Conor gave as an example the A&E four hour target,

which was now being achieved on average 92% of the time against the national 95% target, and this was a significant improvement since last year.

There was a workshop planned within the hospital to focus on the winter plan and to ensuring that the hospital got into a position over the summer to be ready and resilient for the winter pressures.

The Board

- (i) Received the report from the Systems Resilience Group, including details of briefings on 23 March and 20 April 2015.
- (ii) Noted the improvements in A&E four hour targets and the preparations for the winter plan and pressures were starting next week.

130. Sub-Group Reports

131. Chair's Report

The Board noted the Chair's report, which provided information on a number of events / issues, and comments made as set out below:

- (i) **Health and Wellbeing Board Development Session on 16 April 2015**
The theme of the development session had been 'Making Integration Real'. The session had been well attended by Board Members, partners, sub-group members and colleagues and had special guest speakers. The Integrated Care Sub-Group would now consider how the proposals from the workshops will now be taken forward. The Board watched a video of the Session around moving forward and getting back the 'innovation mojo' to meet the growing demands on service provision in the future and making services 'personal'.

The Chair commented that the Board had made a commitment and now we needed to get on and do it.

- (ii) **Abbey Leisure Centre and #makeachange pledges**
Provided a reminder of the facilities at the Centre and the 'Make a Change' campaign.
- (iii) **The Care Act 2014 Update**
This had become operational on 1 April 2015 and was in a process of embedding changes and reeving practices in 2015/16.
- (iv) **Quick Cards**
The Quick Cards were developed to help practitioners keep at the front of their minds the new requirements. The Cards cover key parts of the Act and provide prompts and reminders about the detail of the Statutory Guidance, as well as relevant parts of local policies and procedures that must be considered.
- (v) **Care and Support Hub**
The Hub has been updated with a number of new features / functions following feedback from service users, providers and staff to make the Hub

more user friendly, as well as Care Act compliant. Partners were asked to promote the hub as the definitive source of information about local care and support services and provide updates and changes to ensure it is kept current.

(vi) **Independent Living Fund (ILF)**

The ILF closure of the Fund to new applicants comes into effect on 30 July 2015. Funding for 2016/17 will be decided by the Government at later stage. A review of all 38 recipients of ILF in the Borough was being undertaken

(vi) **Local Authority Self-Assessment: Transfer of 0-5 Public Health Commissioning responsibilities**

The Regional Oversight Group would provide a progress report to the Local Government Association, which in turn would help national partners to resolve outstanding issues.

LBBB still had concerns that there would be inadequate funding to commission the service at the level required without putting additional pressures on the Council's Public Health Grant. Clarity was still needed on funding arrangements for staff supervision and management and the potential effect on staffs' current terms and conditions and MASH staff being taken from health visitor allocations.

(vii) **North East London Strategic Alliance (NELSA)**

The vision set out a new approach to decision-making and service delivery to unlock the potential of the boroughs. Barking and Dagenham, Enfield, Greenwich, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest had taken the first step towards presenting a case for greater devolution of powers from central government and London regional government and further updates would be provided to the Board as the devolution plans progressed.

The Board felt that it was important to work together and to agree a synergy. Conor Burke said that he felt that, rather than a national lead, local or sub regional action on potential areas for development was needed and that had now started. The Chair commented that the innovation and synergy was needed in order to be able to meet the next five years of funding pressure.

(viii) **News from NHS England**

- **New plans for Mental Health Care -**

The Government had set out a blue-print for improving care over the next five years and had announced a £1.25b funding increase for your people's mental health care which would include new access and waiting times and plans to make specialist therapies available across the country.

- **National Review of Maternity Care**

NHS England had announced details of a major review of the commissioning of NHS maternity services.

- **Child Sexual Exploitation Awareness Day**

The first National Child Sexual Exploitation (CSE) Awareness Day was held in March and was dedicated to raising awareness across all agencies.

(ix) **Make a Change - Turning the Tide on Obesity in Barking and Dagenham**

Monday, 18 May, 1.00 to 4.30pm, Barking Learning Centre.

132. 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 3 June 2015 for them to be considered at the 7 July 2015 meeting or later.

133. 2015/16 Quality Premium

(The Chair agreed that this item could be considered at the meeting as a matter of urgency under the provisions of Section 100B(4)(b) of the Local Government Act 1972.)

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) presented the report on the opportunity for the CCG to earn a Quality Premium, which was intended to reward CCGs for improvements in quality of the services they commission and for associated improvements in health outcomes. There were six measures against which the CCG can claim a portion of the Quality Premium Payment, the details of which were set out in the report. The Quality Premium could provide a maximum payment of £5 per head of population and if all the measures were achieved the 2015/16 Quality Premium would potentially be worth in the order of £1m for the Barking and Dagenham CCG.

The Board discussed the proposals and received assurance that whilst there would be difficulties in achieving some areas, the six measures, which included the two local measures, are areas where work had begun and could with extra effort produce the required results.

Sara Baker commented that in order to ensure the number of patients discharged over weekends or bank holidays increased there would need to be support in place to receive them. The Chair responded that the impetus for that target was the Joint Assessment and Discharge Unit (JAD) which was already in place and was having a significant effect in reducing delays in discharge from hospital by ensuring proper and timely support was in place.

Conor Burke confirmed that the targets were realistic and there were no extra costs or pressures.

The Board:

- (i) Agreed to support the CCG in its response to the NHS England in regards to the 2015/16 Quality Premium, and
- (ii) Approve the measures and trajectories for 2015/16 within that response, as set out in Section 2 of the report.