MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 8 September 2015
(6:00 - 8:30 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), John Atherton, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Dr Ravi Goriparthi, Helen Jenner, Dr Nadeem Moghal, Bruce Morris, Cllr Bill Turner, Jacqui Van Rossum and Sean Wilson

Also Present: Sarah Baker, Cllr Eileen Keller, Cllr Adegboyega Oluwole and Ian Winter CBE

Apologies: Anne Bristow, Dr John and Chief Superintendant Sultan Taylor

16. Declaration of Members' Interests

Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation, NELFT, declared a non-pecuniary interest in agenda item 5, Improving Post-Acute Stroke Care (Stroke Rehabilitation) – the Case for Change.

17. Minutes - 7 July 2015

The minutes of the meeting held on 7 July 2015 were confirmed as correct.

18. Joint Strategic Needs Assessment 2015 - Key Recommendations

During this item Councillor Laila Butt, Cabinet Member for Crime and Enforcement, left and took no further part in the meeting and Helen Jenner, Corporate Director of Children's Services, arrived.

Ian Winter CBE, Care Act Programme Lead, introduced the report and gave a presentation that highlighted the key recommendations from the refresh of the Joint Strategic Assessment (JSNA) for 2015 and also provided demographic information on the health issues within the Borough, which included:

- The poor healthy life and life expectancy for both men and women.
- The effects of unemployment and depravation, which were both high in the Borough.
- The impact that hypertension, late diagnosis and / or unmanaged diabetes and smoking related illness had on unplanned hospitalisation.
- Two thirds of the Borough's residents were overweight
- The significant health differences between the wards.
- The health risks in the longer term and the decisions that would be needed on potential investment.

The Board raised a number of issues, which included:

- In terms of planning, there was no agreed approach on how the partners would use their combined budgets to tackle health outcomes.
- An acknowledgement that, with reducing resources, it was no longer possible

for partners to continue to operate as they had in the past and there was a need for more intelligent investment in order to achieve the best outcomes. The style of approach suggested by the report was a way to focus on issues when resources were under increased pressure and the same level of universal service to all wards was no longer sustainable.

- The need to focus less on geographical sitting of services and to increase focus on what outcomes were to be achieved and how partners would then invest resources to achieve those health improvements.
- Ward information could create artificial community boundaries and was not always the best way to provide data on the effects on health of demographics / community turnover or to indicate specific health issue hot spots within the different areas within a ward. Once the principles were agreed with all partners, work could then commence to identify the super hot spots where a real difference in outcomes could then be achieved.
- The importance of issues such as, clinical need, paediatric emergencies, safeguarding, unplanned hospital admissions, people with multiple conditions / risks, accessibility of services for people with mental health and learning needs, health education and early intervention with families with young children and the effects of smoking and alcohol.
- Resources should be targeted to where there greatest impact could be achieved. This may reduce provision for those individuals that were better off health wise.
- Population health tools were available for use, once the decision was made on what issues to target.
- How GP practices could be working differently in the future.

The Board:

(i) Supported the commissioning of services by partner organisations that aligned with the Joint Strategic Needs Assessment findings and the Health and Wellbeing Board key themes of prevention, protection and safeguarding, improvement and integration of services and care and support; and

(ii) Requested that in-line with statutory requirements, the Public Health Department lead an update of the Joint Strategic Needs Assessment in 2016 to inform commissioning in 2016/17.

19. The Care Act 2014: Cap on Care Costs Deferred Until 2020

Ian Winter, Care Act Programme Lead, presented the report, and explained that the Local Government Association (LGA) had written to the Government calling for a delay in the implementation of the cap on care costs system, which had been due to come into effect in April 2016. The Government had responded on 17 July to say that it had decided to delay the implementation until 2020. As a result the status quo would be maintained, which would include the means testing of an individual's ability to pay. The detail of the announcement, the reasons for delaying phase two of the Care Act and the effect that this would have on the local implementation programme were set out in the report.

The Board raised a number of issues, including:

- Independent Appeals Process.
- The Chair wished to investigate with officers the feasibility of an internal LBBD appeals process, which would be outside of the complaints process, and would report back to the Board on this in due course.
- The financial implications on the care costs under the Act were still highly significant.
- Effects of the financial changes and that further information on funding for winter 2015/16 was anticipated.
- Existing care packages were being reviewed.
- 80/90% of costs are outside care provision. As staff in the care industry were traditionally low paid, this cost would be affected by the minimum wage changes.

Bruce Morris, Divisional Director Adult Social Care, was asked to provide Councillor Bill Turner, Cabinet Member of Children's Services and Social Care, with the data, set out by ward, on the number of individuals that were worse off under the assessments so far.

The Board noted the delay in the implementation of phase two of the Care Act and the implications for the local Care Act implementation programme.

20. Improving Post - Acute Stroke Care (Stroke Rehabilitation) - the Case for Change

Jacqui Van Rossum, NELFT, declared a non-pecuniary interest in this item.

Dr Ravi Goriparthi presented the report on behalf of the Clinical Commissioning Group, and explained that stroke is the largest cause of complex disability and that 30% of sufferers would require community stroke rehabilitation services. The level of care provided would have a significant effect on recovery and therefore the future quality of life of the individuals. An ageing population also increased the risk of stroke occurrence. Whilst the outcomes in hospital were good, the level of care and provision upon discharge were inconsistent.

Improving the pathway for post-acute stroke care was one of the Clinical Commissioning Group (CCG) priorities for 2015/16 and a BHR Stroke Pathway Transformation project had been established to ensure that people who have had a stroke achieve the best possible outcomes. Following an analysis of data from both acute and community providers, a service mapping exercise and stakeholder engagement, an case for change had been developed.

The Board raised a number of issues, including:

- Noting that the Health and Adult Services Select Committee (HASSC) were also looking at this issue at its next meeting.
- Rehabilitation is usually best within a patients home, rather than in a hospital environment.
- The suspected problems within the service provision had now been confirmed by data. This had indicated a complexity of pathways and that in some areas there was limited access to monthly reviews and inconsistencies of record keeping.
- Partners could now jointly look at how changes could be made to improve

outcomes and the development of a joint pathway and how this pathway would be organised across the bigger geographical area.
- The resource implications for the NHS and the potential costs on Adult Social care.
- The Health Service commissioning was now less fragmented; as a result Partners would need to jointly decide what was required to improve outcomes. A draft outline business case would be drafted to enable consultations to commence with HASSC and the wider community.

Having considered the issues, the Board:

(i) Agreed that there was a clear case for change for stroke rehabilitation care;

(ii) Agreed that stroke rehabilitation care and outcomes needed to improve;

(iii) Agreed to continue to engage with Barking and Dagenham Clinical Commissioning Group on improving stroke rehabilitation care; and

(iv) Noted that a further report would be presented to the Board in December 2015 / January 2016 on the business case for service improvement.

21. Urgent and Emergency Care and Vanguard Application

Dr Nadeem Moghal, Medical Director, BHRUT, left during this item and took no further part in the meeting.

Mr Conor Burke, Chief Accountable Officer, Barking and Dagenham, Clinical Commissioning Group (CCG) was pleased to advise that the Systems Resilience Group, (a partnership of the CCGs, providers. local authorities, GP Federations, out-of-hours provider (PELC), London Ambulance Service, Healthwatch and the Local Pharmaceutical Committee (LPC)), had been successful in its application to become a national urgent care Vanguard.

Mr Burke explained that urgent and emergency care (UEC) was a key challenge for the health economy and its performance targets and the BHR urgent care conference, held on 1 July 2015, had gathered views on the transformation of the service during the next five years. The key themes that had emerged from that conference were:
- A desire to simplify pathways through co-design.
- Maximise the digital and technology opportunities.
- Self-care support.
- Aligned contracts to support integrated delivery.
- Development of the workforce to meet future needs.

Mr Burke highlighted the key comments made by delegates at the conference on how they saw the UEC currently and where they would wish it to be in 2020 and these were provided in were provided in more detail in the report. He added that it was accepted that the current situation was confusing and fragmented and this had resulted in people using hospital accident and emergency departments, rather than alternative provision. Following the conference the opportunity had arose to bid to become an UEC Vanguard.

Mr Burke advised that Vanguard had four core principles: clinical engagement, patient involvement, local ownership and national support. Vanguard sites were given access to a national support package and would be encouraged to deliver innovation quickly and this would include opportunities for radical care redesign and the removal of artificial barriers to change. Ultimately this would provide freedom and flexibility to drive change, including procurement and information sharing. In addition to the practical support offered by the national teams, there would be an opportunity to bid for support form a £200m Transformation Fund.

John Atherton, NHS England, congratulated the Systems Resilience Group and commented that the bid had been won against stiff competition.

It was noted that there would be a visit in October to see what needed to be done to deliver the aims and to develop the business case further.

The Chair commented that this was a really exciting opportunity that would enable further joint working opportunities and pilots with Partners.

The Board received the report and noted:

(i) That the System Resilience Group had been successful in its application to become the first national urgent and emergency care (UEC) Vanguard in London; and

(ii) That Vanguard status would provide a platform from which to implement the findings of the recent BHR Urgent Care Conference and would also provide an opportunity to look at the streamlining and simplification of the urgent care system and access for patients.

22. Review of the Joint Assessment and Discharge (JAD) Service

Bruce Morris, Divisional Director Adult Social Care, presented the report and advised that the service had been operational since June 2014 and LBBD had hosted the service for the initial 12 months. A review had been undertaken during the summer and it had been concluded that the majority of activity and residents were based in Havering, and as a result the service should be hosted by Havering.

The Board:

(i) Agreed to the transfer of hosting arrangements to the London Borough of Havering and delegate authority to the Corporate Director of Adult and Community Services to finalise the transfer, including the staffing arrangements detailed in the report; and

(ii) Delegated authority to the Corporate Director of Adult and Community Services to sign a deed of variation to the Section 75 arrangement to formalise the transfer.

23. Contract - Waiver for Integrated Sexual Health and Chlamydia Screening Coordination Services

Matthew Cole, Director of Public Health, presented the report on the commissioning of comprehensive open-access, accessible and confidential

contraceptive and sexually transmitted infections testing and treatment services for all age groups. A tri-borough procurement for the services for the London Boroughs of Barking and Dagenham, Redbridge and Havering, had been commenced in January 2014 but this was abandoned as the two bids received were substantially beyond the respective budget of the three councils. The subsequent tri borough negotiated procedure also had to be discontinued as all parties could not reach agreement on financial grounds. The three boroughs then agreed to negotiate individually a new contract with the current providers and to issue separate borough-based contracts for the provision of the services, the details of which were set out in the report.

The Board discussed the difficulties of tendering when there was a limited market of providers, the learning that had been obtained from the process and the difference between the Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Terrence Higgins Trust Services. The Board also noted that initially it had been intended to include the Chlamydia Screening Coordination Services, however, BHRUT had indicated that it did not wish to provide the services and Chlamydia Screening Coordination Services would now be part of the Primary Care public health services procurement.

The Board:

(i) Waived the requirement to tender, in accordance with the Council's Contract Rules; and

(ii) Delegated authority to the Corporate Director for Adult and Community Services, in consultation with the Director of Public Health, Chief Finance Officer and the Head of Legal and Democratic Services, to approve:

(a) The direct award of a one year contract, for the period 1 October 2015 to 30 September 2016, with the option to extend for a further two year period on an annual basis, to Barking Havering and Redbridge University Hospitals NHS Trust for the provision of an Integrated Sexual Health Service; and

(b) A six month contract extension to Terrence Higgins Trust, for the period 1 October 2015 to 31 March 2016, to cover the notice period for the provision of the Chlamydia Screening Coordination Service, in accordance with the strategy set out in the report.

24. Systems Resilience Group - Update

The Board received the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meetings held on 22 July and 20 August 2015.

25. Sub-Group Reports

The Board received and noted the reports on the work of the:

- Mental Health Sub-group
- Integrated Care Sub-group
- Public Health Programme Board

- Children and Maternity Sub-Group

26. Chair's Report

The Board noted the Chair's report, which included information on:

- The 'Make A Change' events and promotions.
- Barking and Dagenham's response to the Department of Health's in-year Public Health Grant Reductions.
- The increase in the number of safeguarding allegations being reported to CGQ nationally.
- News form NHS England on:
  - Female Genital Mutilation
  - New Programme to Improve Young People's Mental Health Services.
- Care City Innovation Test Bed Site and the progress made on the bid preparation.
- VizBuzz, which was a simple way to make and receive video calls on a computer tablet, and its potential to combat loneliness or isolation of individuals.
- EPG Development Session on 13 August.
- Accountable Care Organisation, which could provide the opportunity for devolved control of health, wellbeing and social care to local areas.

27. Forward Plan

The Board noted the draft Forward Plan.

28. Retirements - Gillian Mills and Bruce Morris

The Health and Wellbeing Board wished to place on record its thanks to Gillian Mills, NELFT, and Bruce Morris, LBBD, for the support they had given to the Board and also the work they had done to improve the lives of residents of the Borough over many years and wished them both a long, happy and healthy retirement.