MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 20 October 2015
(6:00 - 7:57 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Dr Muhammed Ali, Sean Wilson, Sharon Morrow, Frances Carroll, Matthew Cole, Cllr Bill Turner and Melody Williams

Also Present: Cllr Eileen Keller, Cllr Peter Chand, Terry Williamson, Cllr Adegboyega Oluwole, Tamara Finkelstein and Jignasa Joshi

Apologies: John Atherton, Dr Nadeem Moghal, Chief Superintendant Sultan Taylor, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Helen Jenner, Dr John and Jacqui Van Rossum

29. Declaration of Members' Interests

There were no declarations of interest.

30. Minutes - 8 September 2015

The minutes of the meeting held on 8 September 2015 were confirmed as correct.

31. Healthwatch Annual Report 2014/15

Frances Carroll, Chair, Healthwatch Barking and Dagenham, presented their Annual Report for 2014/15 and explained that they had looked at both health and social care services issues during the year and that the reports emanating from those had been well received by service providers. The work had included 13 areas of service provision, and six enter and view visits.

Frances Carroll drew the Board's attention to the engagement and communications strategy they had in place, including the events they had participated in, the wide age and needs ranges they had targeted, public consultation and the resulting feedback they had achieved, and the information and signposting service to health and social care services. Healthwatch had also participated in a number of networks and partnerships, including the Board and its Sub-Groups. Frances then provided some insight into the reviews Healthwatch had undertaken, the details of which were set out in the report, which had included:

- Speech and Language Therapy (SALT) Service,
- Hearing Impairment awareness for Adults and Children,
- Adult and Children's A&E Service,
- London Ambulance Service (LAS),
- Orthotic Services,
- Maxillofacial Services

Melody Williams, Integrated Care Director Barking & Dagenham, NELFT, advised that NELFT provide the SALT Service and were actively working with the CCG to

review the service and demand levels and in due course would report back through the Children and Maternity Sub-Group to the Board.

Healthwatch agreed to provide in future annual reports the numerical details of how many of the recommendations they had made had been adopted and how many had not.

Discussion was held on the representation and active participation of local residents in health care planning. The Board noted that Healthwatch was not on the Board of the Clinical Commissioning Group (CCG) and that the composition of the CCG Board was prescribed by regulation, which included a lay representative. It was noted, however, that Healthwatch or any other organisation or individual could attend the CCG Board meetings, as they were open to the public. Anne Bristow, Strategic Director for Service Development and Integration, LBBD, advised that there was active participation with residents occurring, however, the activities may not be known outside of the individual organisations and it would be beneficial to look at both current participation and future engagement at a future meeting of the Board.

The Board:

(i) Noted the Healthwatch Annual Report for 2014/15 and the impact that Healthwatch had had during the last year; and

(ii) Asked for a report on local residents' current participation and future engagement in health care planning across the Partnership to be presented to a future meeting of the Board.

32. Health and Adult Services Select Committee's Scrutiny Review on Local Eye Care Services

Cllr Eileen Keller, Chair, Health and Adult Social Services Select Committee (HASSC), presented the Scrutiny Review on Local Eye Care Services to the Board and highlighted the following reasons why the Select Committee had decided to take a closer look at eye health in LBBD:

- There was concern that sight loss could have very serious emotional, social and financial impacts on people's lives.
- It was believed that the fear of having to pay a high cost for glasses was putting some local people off of going for an eye test regularly, and possibly missing out on early treatment for any eye conditions they were developing

The results of the Scrutiny Review, attached as Appendix 1 to the report, had indicated that there were many positive areas of practice, for example:

- Eye care services in the Borough compare well with national benchmarks
- There was a good supply of opticians spread across the Borough
- Diagnosis and treatment was available at Queen's Hospital and Morefields in Upney Lane.
- Rehabilitation, support and information was offered by the Council
- There were a number of relevant local and national voluntary groups active in the Borough.

Cllr Keller advised that there were, however, areas for improvement and it was on those areas the HASSC had based their six recommendations on, which were:

- Two of the recommendations related to the eye-care pathway, because HASCC felt the current pathway was over-complicated and there was scope for local opticians to refer people directly to other eye services, rather than send them to their GP for referral.
- HASSC had heard from national organisations about the benefits of having access to an Eye Care Liaison Officer locally and were recommending that the CCG consider commissioning this role.
- HASSC would like the CCG to consider whether cost-effective improvements could be made to low vision services, as in other parts of London those services were closer to where people lived and provided more tailored support.
- HASSC had recommended that the Council undertake a local communications campaign emphasising the importance of going for an eye test every two years. This was because statistics showed that during 2014/15 only one in five people in LBBD went for an eye test, which was lower than in Redbridge and Havering.
- Although NHS glasses and eye tests for children were free, there was no way of ensuring that all children had an eye test as it was dependent upon parents taking their child to a local optician. HASSC recommended that the Board considered and introduced a scheme to encourage parents to take their children for an eye test before they start school, possibly using some of the health check systems already in place. Cllr Keller mentioned that in the past an optician, dentist and nurse would make school visits to see every child and perhaps something could be arranged along those lines.

Jignasa Joshi, Chair, North East London Local Optical Committee (LOC), advised that the LOC had supported the recommendations from the HASSC. However, the Service Specifications for Community Ophthalmology were often confused with primary care services; accordingly, the Clinical Council for Eye Health Commissioning had recently produced a Community Ophthalmology Framework, which explained the areas of responsibility and procedures that should be followed. Jignasa felt that the guidance may have been overlooked by the CCG, as many of the services which the CCG were tendering for currently should now be Primary Eye Care. B&D CCG, who were working closely with Redbridge CCG in relation to an ongoing Community Ophthalmology Service procurement, appeared not to have noted the guidance issued by the Clinical Council For Eye Health Commissioning. Jignasa added that the Clinical Council consisted of representatives from the Royal College of GPs and the Royal College of Ophthalmologists, RNIB and Faculty of Public Health and many other organisations. The LOC would like to engage with the CCG in regards to this issue. Jignasa was asked to provide the information to Sharon Morrow.

The Board commended the report, which was evidence based, clearly written and succinct.

Melody Williams advised that the school health process did include universal screening of basic eye and hearing, with onward referral if necessary. The CCG indicated that it was possible that, as a result of earlier service reviews and changes, some of the suggestions in the recommendations may already be

underway, however, Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, agreed to take the recommendations to the relevant CCG committee(s).

Matthew Cole, Director of Public Health, LBBD, agreed to take on responsibility for Recommendation (v) in the Board report.

Anne Bristow suggested that Recommendation (vi) in the Board report would be led by the Council, due to its contact with parents when a child starts school: as that contact would offer an ideal opportunity to undertake prompts about eye and dental checks and immunisation. The Children and Maternity Sub-Group would lead on this issue and report back to the Board in due course.

The Board supported the recommendations made by the Health and Adult Services Select Committee (HASSC) in its Scrutiny Review report on Local Eye Care Services 2014/15.

Accordingly the Board:

(i) Agreed to oversee a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway, given that:
- The current arrangements seemed complex and difficult for patients to understand;
- It was not clear that everyone who should have a sight test was getting one; and
- It was not clear to the HASSC that the pathway currently fully promoted choice and control by service users;

(ii) Agreed to oversee a review by the CCG, which would consider the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services, rather than having to do this via GPs;

(iii) Asked the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss were provided with support at the point of diagnosis and were signposted to appropriate services;

(iv) Asked the CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services were delivered closer to where people lived and provide tailored support to ensure that visually impaired people were able to make ongoing, beneficial use of magnifiers and other equipment provided to them;

(v) Agreed to oversee a local communication campaign, to be undertaken by the Council's Public Health Team, which would emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns;

(vi) Considered what options could be used to 'make every contact' count and introduced a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school; and

(vii) Noted that the appropriate Partners and Sub-Groups of the Health and Wellbeing Board would progress the work emanating from the recommendations and would report back to the Board and HASSC, as appropriate, in due course.

33. Accountable Care Organisation Update

Anne Bristow, Strategic Director for Service Development and Integration, LBBD, reminded the Board that the next few years would bring a combination of financial challenge and rising demand for local health and social care partners and that managing this situation would require more than the incremental cutting of elements of service.

The Board was advised that an expression of interest bid had been made to NHS England for funding, which would allow a business case to be drawn up that would assess whether an Accountable Care Organisation (ACO) across LBBD, Havering and Redbridge could form a viable approach to managing the demands that were ahead. An ACO would form a platform for the devolution of the commissioning and management of some NHS services, and the realignment of financial incentives, which could offer a fundamentally different approach to the management of the health and social care system for LBBD, Havering and Redbridge. One of the major principles behind ACOs was that the system was built around prevention and community support and the Partners would need to accelerate the work that was already being undertaken in those areas. All stakeholders would be jointly responsible for ensuring that the ACO delivered better outcomes for residents. An ACO would also offer better value for money as it would remove the current incentives in the health and social care system, which were thought to drive more expensive activity in hospital and residential care settings.

The details of the current position on the development of a business case to pilot an ACO for LBBD, Havering and Redbridge, which included the outline timetable for future developments and some of the background on Accountable Care Organisations generally, were set out in the report.

The Board discussed how an ACO would promote the removal of 'silo' thinking and would also offer the opportunity to decide how the ACO would work, what type of services would or would not be included, the staff needed, new / novel ways of working, better use of management tools and integrated systems and processes, especially in regards to IT systems and data transfer. The Board felt that the Partnership was now mature enough to recognise the opportunities and to work together cohesively on the challenges.

Tamara Finkelstein, Director General and Chief Operating Officer, Department of Health, welcomed the Partnership's ambition and way of working and commented that to achieve success one of the fundamental issues was to identify and challenge barriers to change so that organisations could became seamless in partnership operation.

The Board noted:

(i) That a proposal had been submitted to NHS England's London regional

team to develop a business case for the formation of an Accountable Care Organisation across the Barking and Dagenham, Havering and Redbridge health economy;

(ii) That this would be accompanied by a substantial process of consultation to determine how the Accountable Care Organisation would operate, its governance, the services that would be in the scope and the financial parameters within which it would work; and

(iii) That should the proposal be accepted by NHS England, it would provide the opportunity to challenge artificial barriers to change and enable Partners to jointly consider innovation and radical redesign of service delivery and funding usage.

34. Health and Wellbeing Outcomes Framework: Performance Report - Quarter 1 2015/16

Matthew Cole, Director of Public Health, LBBD, presented the report on the performance for Quarter 1 and drew the Board's attention to a number of improvements and also the further improvements that were needed, the details of which were set out in the report.

The Board discussed a number of issues, including:

- Primary Care Transformation Strategy. A report was currently being compiled and would be presented to the next meeting of the Board
- CQC had inspected Dr P and Dr S Pologanathans's practice and it had been rated as 'Good'.
- Secondary Care Performance
  I&E performance, non-elective admissions, BHRUT re-inspection and mentorship from Virgin Mason Institute
- Mental Health Care
  -CAMHS access and usage information and noted that an in-depth needs assessment had been commissioned to look at those waiting for treatment and there were no known breaches of the 18 week wait for treatment target.
  -The proportion of adults in the Care Programme Approach that were in employment, the current targeting of funds into Mental Health services and the work of the Mental Health Sub-Group.
- Adult Social Care
  CQC had published six inspection reports, four of which had been rated good and two were rated 'Requires Improvement' or 'Inadequate'. The action that had been taken in regard to the later two was set out in Appendix C to the report. Reviews had also been undertaken of the care homes and it was noted that the social workers that had visited were satisfied. The Chair advised that she would discuss with the Chair and Deputy Chair of HASSC whether they might wish to monitor residential homes.
- Children's Care
  - Immunisation take up had increased in the previous Q4, however, overall the take-up rate was still below national average.
  -The percentage of looked after children with an up-to-date health check had decreased in Q1. An Action Plan was in place and would be reviewed by the Designated Looked After Children Nurse.

- Public Health
  Chlamydia detection rate, smoking quitters, NHS Health Check uptake.
- Indices of Deprivation
  LBBD was now ranked as the twelfth most deprived borough in England.

Terry Williamson, Stakeholder Engagement Manager North East London, London Ambulance Service (LAS) NHS Trust, gave a verbal report on the challenges that the LAS faced, the locally based initiatives they had, and general information, including:

- Since April 2015 the LAS had responded to over 7,151 calls. LAS had a target to attend 75% of life threatening calls within the eight minutes. The pressures and demands on the LAS were increasing across the whole of the London area.
- Vacancy and retention issues and recruitment and training programmes, including work being undertaken with universities.
- The need to increase the use of alternative pathways to A&E attendance, including general ill health awareness and information sources so that the public could make informed choices about the where to go for medical assistance or advice and when to go to A&E.
- The redistribution of patients during pressure periods, which was generally from Queen's to King Georges Hospital but was occasionally to other hospitals.
- The LAS had set up a hub of qualified specialist staff to assist in calls and pathway management.
- A frequent caller programme had been set up, which was triggered at 25 calls, and the action that would then be taken.
- The Partnership initiative, which had resulted in a unit staffed by NELFT and LAS, which in turn could reduce the need for people to go to A&E, and this initiative appeared to be working well.
- The potential for further partnership working in regards to social media communications, such as the Council's Twitter, to advise the public of alternative health pathways.
- The demands from mental health and alcohol related incidents on the LAS, and the need to encourage people to act wisely in their alcohol consumption.
- Ensuring that the LAS response to calls was resourced appropriately.
- Data for the local response times was available.
- The LAS had held Serious Incident Reviews. The LAS's Medical Director then shared the results of these reviews across the LAS and any recommendations would be put into place.

The Board:

(I) Noted the overarching dashboard;

(II) Noted the further detail provided on specific indicators, and remedial actions being taken to sustain good performance;

(III) Noted the areas where new data was available and the implications of that data, specifically the immunisation uptake, children and young people accessing Child and Adolescent Mental Health Services (CAMHS), health checks of looked after children, Chlamydia screening, smoking quitters, NHS Health Check, permanent admissions of older people to residential

and nursing care homes, delayed transfers of care, A&E attendance and CQC inspections;

(iv) Noted the information in the verbal report of the London Ambulance Service (LAS) representative; and

(a) Noted the offer from the LAS to share its vehicle response time data for the LBBD wards with the Council and Police on an annual basis;

(b) Welcomed the discussion that would be held between the local Police and LAS in regard to the potential for 'double crewing' of vehicles, e.g. paramedics in police response cars;

(v) Invited the LAS to attend all future meetings of the Board as a Guest.

35. Contract - Procurement Strategy and Waiver for Public Health Primary Care Services Contracts 2016/17

Matthew Cole, Director of Public Health, presented the report and explained the history behind the development of the strategy, and how the review of the market had shown that apart from local GPs and Community Pharmacies, there were no other providers, with the combination of means, reach and clinical expertise that could deliver the services locally. The current contact was due to expire on 31 March 2016 and there were no provisions to extend that contract. The full details of the review, procurement strategy and proposed contract, which was a direct contract award to local General Practices and Community Pharmacies, were set out in the report.

The Board:

(i) Approved the strategy set out in the report for the procurement of the public health primary care contracts identified in Section 3.1 of the report;

(ii) Waived the requirement to conduct a competitive procurement exercise for the said contracts, in accordance with Contract Rule 6.6.8; and

(iii) Delegated authority to the Lead Divisional Director of Adult and Community Services, in consultation with the Director of Public Health, Head of Legal Services and the Strategic Director of Finance to award the Public Health Service Contracts, as set out in section 3.1 of the report, to the 40 General Practices (GPs) and 38 Community Pharmacies (CPs) for the period 1 April 2016 to 31 March 2018, with the option to extend for a further one year period, in accordance with the strategy set out in this report.

36. Contract - Advocacy Services Re-tender

Mark Tyson, Group Manager, Integration and Commissioning, LBBD, presented the report and explained that feedback from stakeholders had indicated that the current advocacy service provision was too fragmented and confusing, which had resulted in Commissioners reviewing the provision and advocacy pathways. As a number of advocacy contracts were due to expire on 31 March 2016, it was proposed that the services should be remodeled to address all statutory advocacy requirements through a single contract for advocates under the Care Act, Mental

Capacity Act and Mental Health Act. By bringing the services into one contract, access would be improved and simplified and it should also offer cost reductions on the current budget allocations. Wherever possible the provider would have expertise to meet the client's needs and should be able to provide the service in a number of ways, including face-to-face advocacy.

The Board:

(i) Approved the procurement of an integrated statutory advocacy service for a term of two years, with the option to extend for one further year, in accordance with the strategy outlined in the report.

(ii) Delegate authority to the Corporate Director for Adult and Community Services, in consultation with the Chief Finance Officer and the Head of Legal and Democratic Services, to award the contract to the winning bidder and execute related contracts for an integrated statutory advocacy service.

37. Contract - Extension for the Provision of Extra Care Accommodation Services

Mark Tyson, Group Manager, Integration and Commissioning, LBBD, presented the report and explained that currently there were four extra care schemes run by LBBD and four contracted out to Triangle and that it was now necessary to address how this fitted into the whole provision, especially with the emphasis of personalisation of services. LBBD would use the next 12 months to review older people's accommodation across the Borough, including the extra care housing provision, in order that recommendations could be made about the future size and type of extra care provision that would be needed to cater of the older population. It would be inopportune to enter into a contract until this review was completed, accordingly the extension and variation of the current contract was being recommended.

The Board:

(i) Approved the extension and the variation of the contract for the provision of extra care accommodation services with Triangle Care, in accordance with the strategy set out in the report.

(ii) Delegated authority to the Strategic Director for Service Development and Integration, in consultation with the Strategic Director, Finance & Investment and the Head of Legal and Democratic Services, to extend and vary the contract and execute related documentation.

38. 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 meeting held on 23 September 2015.

39. Sub-Group Reports

The Board:

(i) Noted the reports on the work of the:

- Integrated Care Sub-Group
- Learning Disability Partnership Board
- Public Health Programme Board

(ii) Noted the verbal update from Sharon Morrow, in which she advised that the CAMHS Transformation Plan had now been submitted to NHS England and a further report on the their decision would be presented in due course.

40. Chair's Report

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

- Older People's Day, 1 October 2015, and events held in the Borough over that week.
- Mental Health Strategy Workshops.
- News From NHS England on:
  - Commitment to Carers
  - Have Your Say On Maternity Services.
  - Role Of Pharmacists And Community Pharmacy
- Update on the work of the Safeguarding Adults Board.
- Update on the work of the Safeguarding Children Board and recent serious case reviews.
- Barking and Dagenham Clinical Commissioning Groups 2015 Awards.

41. Forward Plan

The Board noted the draft Forward Plan.