

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 16 January 2018
(6:00 - 7:42 pm)

Present: Cllr Maureen Worby (Chair), Cllr Bill Turner, Anne Bristow, Bob Champion, Matthew Cole, DI John Cooze, Sharon Morrow and Nathan Singleton

Also Present: Cllr Jane Jones, Brian Parrott and Ian Winter

Apologies: Cllr Sade Bright, Cllr Laila M. Butt, Cllr Evelyn Carpenter and Conor Burke,

46. Apologies for Absence and Attendance Issues

The Chair raised concerns at the lack of consistency of attendance by some Partners at Board meetings and apologised for the lack of Councillor attendance at tonight's meeting.

47. Declaration of Board Members' Interests

There were no declarations of interest.

48. Minutes - 8 November 2017

The minutes of the meeting held on 8 November 2017 were confirmed as correct.

49. Joint Strategic Needs Assessment (JSNA) 2017

Matthew Cole, LBBD Director of Public Health, presented the JSNA report and explained the Statutory background, highlighting that the JSNA is required to be reviewed annually. This was the first time that the JSNA had been produced in the form of an 'info graphic' style assessment and it was hoped that this would make it more user friendly.

The role of the JSNA is to provide information on the needs in the local population in health terms and the emerging demographic and health trends in order to inform key strategies, in particular the Joint Health and Wellbeing Strategy. The JSNA forms the basis of commissioning decisions and also informs longer-term service planning for partners and the Council, for example Be First, My Place, Community Solutions.

The Borough has challenges across the life course with a rapidly changing population, with quickly changing health needs. The Borough's health and social care planning must reflect its increasing numbers of births, children and young people, the numbers of middle aged people (45 to 65) with significant health issues, which was forecast to peak in 2020, as well as having a sizeable cohort of over 90s. The details were set out in the report and particular attention was drawn to:

- Barking and Dagenham's performance had generally improved, but not at the

same pace as other areas.

- Pregnancy, Maternity, Post Natal and Breastfeeding
 - The reduction in teenage pregnancy rates had continued to improve year on year.
 - Maternity Mental Health provision for both post-natal depression and perinatal support.
 - The smoking in pregnancy rates and the whole life negative effects this can have on the child.
 - Breast is best campaigns had not had as significant impact locally so this needed to be explored further.
- Immunisation Rates

This included maternity, early years / infant, influenza and other immunisation services.
- Young Child Development

Increasing number of young children that had reached a good stage of development before going to school and the positive impact that would have in both their formative and later education years and life-long achievements.
- Education

The importance of good health in children and young people's attendance and participation at school and college and their attitude to their own future health.
- Life Expectancy

There had been a small improvement in life expectancy, but the rates were still not as good as other areas in London.
- Life Style

The impact that life style had on overall life expectancy and how lifestyle choices, such as smoking, healthy diet, adult and child obesity, and lack of regular exercise continued to be a significant challenge; with the consequential poor health and medical and social support that would demand.
- Health checks

The impact on increasing life expectancy, reducing poor health and the need for more medical intervention, aggressive treatment and social care.
- A&E Attendance Rates

Why were parents, especially of young children, defaulting to A&E attendance for medical support?
- Mental Health

This was a growing area of demand, particularly in children and young people.
- Income

Access to employment and housing and how this could impact on both physical and mental health.

The Board went on to discussed a number of issues, including:

Localities and JSNA Profile

It was noted that it was intended to break the data sets down into localities to improve understanding of the locality health issues and demands both GPs and the provider alliance. Partners would then use the information in commissioning decisions, including challenges on service and performance for GPs.

In response to questions Matthew Cole advised that we needed to make sure that we are doing best for our local community and do not fall into the 'one size fits all' trap. It was noted that this would require a greater amount of sophistication on how to encourage lifestyle change for different sectors / demographic areas. The Chair commented that it was important to get the community to understand how bad choices impact on health, and for individuals to reflect on their personal situations and how their own actions, in many cases, would make a difference to their long-term health.

Brian Parrott, Independent Chair of Adult Safeguarding Board (LBBB) asked Matthew Cole what, as the Director of Public Health, were the three things he would choose to have the most impact. Matthew responded that Income and prosperity was the key. In his view nothing improves health faster than income levels, which could be driven long-term by young people's education and employment opportunities. Over and above this there are three things that the Borough could concentrate on changing Matthew advised:

- Early years and young child health, as that created a base and good habits for life.
- Early diagnosis and intervention
- Resilience across all ages in dealing with significant life events or pressures. This would include an acceptance within the local culture that anyone may need some support for mental wellbeing and the role that all staff disciplines in the partnership could provide in recognising when that support was needed and signposting individuals appropriately. The experience and potential roles for the faith groups in this was also noted.

Sharon Morrow, Senior Responsible Officer for Unplanned Care, BHR CCGs, said that early diagnosis of disease was important as earlier intervention would reduce resource needs long-term.

Anne Bristow, LBBB Deputy Chief Executive and Strategic Director Service Development and Integration, stressed that as the number of older people is expected to grow towards 2022 and resources became more pressured, a step-change was needed to remove the concentration on the last six months performance and to increase the focus on long-term prevention and to put interventions into place which will have a positive impact five years or more into the future.

Nathan Singleton, Healthwatch, drew attention to circular references in section 3 of the document, which Matthew Cole advised he would correct.

It was noted that the Children's Mental Health Plan would be brought to the Board for refresh for 2018-19 and this, the discussions earlier and other plans would

need to be triangulated into the overall Health and Wellbeing Strategy that would be refreshed in 2018.

The Board agreed:

- (i) To take account of the findings of the Joint Strategic Needs Assessment (JSNA) in the development of its strategies and in its appraisal of strategies developed by partner organisations;
- (ii) To support the commissioning of services by partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy; and,
- (iii) To support the review of the JSNA process, content and format in 2018.

50. Suicide Prevention Strategy

Sue Lloyd, LBBB Consultant in Public Health, presented the report and background to the Strategy, and explained that this had initially been a joint LBBB and Havering strategy, and whilst Redbridge had not initially been interested they had now decided to join and this will now be a BHR Plan.

The details and actions were set out in the report; however, Sue Lloyd drew attention to a number of points, including:

- The Strategy action is also based upon CAMHS assessment.
- The rates of suicide locally were low for London. However, mental ill health and self-harm rates are increasing, particularly in young people, this in turn may increase the risk of suicide and potential para suicide rates in the future.
- What we will do under the Strategy, is set out in Actions 1 to 6 (on page 64 of the supporting document pack) and how these would be reviewed.

In response to a question from Ian Winter, Independent Chair Local Safeguarding Children Board (LBBB), Sue Lloyd advised that there had been no suicide of a young person in any form of custody within the last three years.

Anne Bristow raised the issue of timescales and the potential for this Strategy and its actions being part of 'Thrive London' and asked if the partnership should be considering matching the 0% suicide target, which had been set by the Mayor of London.

Councillor Turner, LBBB Cabinet Member for Corporate Performance and Delivery, raised the issue of staff awareness and training of service providers to recognise the risk and need for urgent support and the pastoral role of community groups and particularly religious leaders in the community.

Matthew Cole said that whilst the levels of successful suicide were thankfully low, he was still unsure that the correct levels of psychiatric liaison and care was available in local A&Es and what then happened to the para suicides once discharged by the A&E/hospitals. The Chair said that it should be noted that such

concerns are generic across the country and not just a local issue, however, any concerns that partners had could be passed to Public Health, so they could be co-ordinated and considered under the action plan and if necessary passed to BHRUT to be addressed.

The Chair suggested that a dashboard once a year showing the impact that all strategies had made would be useful, however, an initial six-monthly progress report for any new strategy would be welcome as it would enable the partnership to target any problems or blockages in processes early.

The Board:

- (i) Approved the Barking and Dagenham, Havering Suicide Prevention Strategy, based on the current draft attached to the report;
- (ii) Agreed that both the Plan and Strategy should be viewed as a living document and updated to reflect 'Thrive London' and in particular the Mayor of London's target for zero suicide rate for London;
- (iii) Agreed that the Suicide Prevention Steering Group should implement the Suicide Prevention Action Plan; and,
- (iv) Requested six-monthly progress reports on the delivery of the Action Plan.

51. Local Account

Mark Tyson, LBBB Commissioning Director, Adults' Care and Support, presented the report and explained that the Local Account was the Council's statement to the local community and service users on the quality of social care services within the Borough. This year it was decided that the document should be short and to the point and be representative of the views of the residents and services.

Consequently, the Local Account has been produced as a six page leaflet, which is available on the main Council website and the Council's Care and Support Hub.

The Local Account looks back at areas of achievement in the past year and at those areas that require improvement of development in the year ahead. It also gives an overview of social care performance and expenditure in the previous financial year. To enable the details to be of use as a tool to drive improvements and assist in commissioning decisions, the earlier the Local Account is produced the better.

Mark drew attention to several areas, including the commencement of the All Age Disability Service, personalisation of living support, particularly around hospital discharges. There was some positive performance of note, such as 10% more people receiving services and 34% less delays in transfers from hospital.

Matthew Cole said that the Borough does well in comparison to other councils regarding adult social care and drew attention to the amount spent on prevention. Mark highlighted the difficulty was in deciding the percentage share of funding between prevention and provision. Mark also confirmed that prevention needs would be a considerable challenge, especially with the projected increase in the number of those needing higher levels of support. Inspection and provider market risks would also have an impact. Sharron Morrow said that the number of over

65s and those between 45 and 65 that have more health issues will impact on care needs later, therefore, prevention and early diagnosis will assist in the pressure on long-term costs.

Mark suggested that a short video on 'One Borough Live' should be tried to help stimulate the conversations and dialogue with residents / user forums.

The Chair said that whilst we don't have a perfect transfer of care system in place yet, action was being taken to deal with the operational issues.

Anne Bristow reminded the Board that prevention can in some instances still only delay and reduced the impact on dependency for longer, but high-level support may still be needed.

The Board:

- (i) Noted the content of the Local Account;
- (ii) Supported the suggestion that a short video on 'One Borough Live' should be tried to help stimulate the conversations and dialogue with residents / user forums; and
- (iii) Concurred with the aim of the Local Account being produced earlier to enable the details within it to be used to inform commissioning and strategies.

52. Healthwatch: Programme of Work 2017/18

Elsbeth Paisley, Healthwatch Manager, introduced the report and gave a presentation that explained that LifeLine had taken over the local Healthwatch role in August 2017, the background to the staffing structure, including the recent appointment of Nathan Singleton as LifeLine CEO, and the skill sets of members of the Healthwatch Board.

Elsbeth drew attention to Healthwatch's key aims for the rest of the year including, the need to raise the profile of Healthwatch, to increase public participation and feedback to the Board and partners.

The work programme for the year would include:

- Enter wards / facilities & Views
- Signposting and referrals
- World Mental Health Day and other events
- Annual survey
- Consultations and Focus Groups
- Campaigns
- Social / media presence, including Facebook and Twitter pages
- Enhanced website
- Volunteer Recruitment with the aim of one Healthwatch Champion per Council ward
- Dementia Project in association with the Memory Lane Centre
- Participation in various Partners meetings
- Partnership with other Healthwatches on integration and STP development.

In response to a question from Cllr Turner, Elspeth explained that they would be able to measure if the Healthwatch profile had been raised by the response rate to their Annual Survey. This year 175 to 200 responses were expected to the Healthwatch Survey and more than that next year. The number of tweets and followers had also been increased.

The Chair commented on the importance of Healthwatch as an independent voice for the residents, which included providing the evidence and views of service users to the Board. This would provide a healthy challenge on the work and services of the Council and Partners.

The Board:

- (i) Noted the annual programme of work that is managed by LifeLine Projects, and specifically the FaithAction national team, the work scheduled and consultations due to be released by Healthwatch Barking and Dagenham between 1 August and 31 March 2018; and
- (ii) Noted the staffing structure of Healthwatch Barking and Dagenham.

53. Deed of Variation for the Barking and Dagenham Section 75 Agreement for the Better Care Fund 2017-18

Mark Tyson, LBBB Commissioning Director Adult Care and Support, presented the report and explained that Section 75 Agreement is a requirement of the 2016 NHS Act to pool arrangements and was a requirement, not a choice, under the Better Care Fund terms. The Plan has been agreed and accepted by NHS England, but the General Election and other issues had delayed its progress.

The work next year would focus on the BHR alignment of strategies and the s75 Agreement will create a vehicle for cross borough services, but it will also allow Barking and Dagenham to focus on specific areas, for example dementia. The s75 Agreement would allow us to deliver the Better Care Fund Plan and the changes such as improved hospital discharges and to build a joint commissioning plan.

It was noted that the grant funding would help to sustain performance, in particular the discharge rates. The Chair commented that this had been used by the Government as a tool to force us to reduce the delayed transfer to care rates but it would enable the three boroughs to have a stronger voice in the larger seven borough conglomerate, especially where increasing pressures would probably result in a drive for conformality, rather than local needs.

It was noted that the s75 Agreement would not tie the Board's hands on any strategy, plans or thinking.

The Board:

- (i) Agreed to the retrospective expenditure which has taken place during this financial year, and agree to continue the section 75 Agreement (Pooled Fund) with NHS Barking and Dagenham Clinical Commissioning Group ("BDCCG"), on the terms and conditions outlined in this report, along with

any ancillary legal agreements (i.e. the Deed of Variation) necessary for the joint administration of the Better Care Fund Plan for Barking and Dagenham;

- (ii) Delegated authority to the Deputy Chief Executive, in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law and Governance, to approve the Deed of Variation for 2017/18; and
- (iii) Agreed, in principle, that a Section 75 agreement for 2018/19 would be pursued jointly with Havering and Redbridge, and note that a further request for delegated authority will be brought to the Board in due course.

54. Sub-Group Reports

The Board noted:

- (i) The minutes of the Integrated Care Partnership Board of 23 October 2017;
- (ii) The report of the Integrated Care Steering Group; and
- (iii) That the Learning Disability Partnership Board, Children's Partnership and Mental Health Sub-Group had not met since the last meeting of the Health and Wellbeing Board.

55. Chair's Report

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

- White Ribbon Day
- Carers Rights Day
- The 'Breezie' digital pilot
- London's Devolution Day
- The future of King George's A&E
- Extra Care Retender
- International Day of Disabled People

56. Forward Plan

The Board noted the draft March 2018 edition of the Forward Plan and the 7 February deadline for changes.

57. Vote of Thanks - Tudur Williams and Sue Lloyd

The Health and Wellbeing Board placed on record its thanks to Sue Lloyd and Tudur Williams, who were attending their last meeting of the Board, 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.