MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 6 September 2017
(6:00 - 8:28 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Bill Turner, Matthew Cole, Dr Mateen Jiwani, Mark Tyson, Melody Williams and Sharon Morrow

Also Present: Cllr Peter Chand, Cllr Adegboyega Oluwole and Ian Tompkins

Apologies: Anne Bristow, Conor Burke, Cllr Laila M. Butt, Bob Champion, John Cooze, Dr Jagan John and Dr Nadeem Moghal, Ian Winter and Brian Parrott

18. Changes in Board Membership

The Board noted that:

(i) Metropolitan Police
Superintendent Sean Wilson had been replaced by:
John Cooze, Partnership Inspector for Barking and Dagenham Area.

(ii) Guests Invited Under October 2014 Protocol
Sarah Baker had been replaced by:
Brian Parrott, Chair, Safeguarding Adults Board (SAB)
Ian Winter, Chair, Local Safeguarding Children Board (LSCB)

19. Declaration of Members' Interests

There were no declarations of interest.

20. Minutes - To confirm as correct the minutes of the meeting on 5 July 2017

The minutes of the meeting held on 5 July 2017 were confirmed as correct.

21. Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17

Cllr Bright, Cabinet Member for Equalities and Cohesion, arrived during this item.

Cllr Chand, Lead Member of Health and Adult Services Select Committee, Sue Lloyd, LBBD Consultant in Public Health and Kate Kavanagh, Cancer Commissioning Manager, NEL CSU, jointly presented the report. Cllr Chand explained that the review had been undertaken as a result of the late diagnosis and below average survival rates that appeared to be occurring in the Borough. Those higher than average rates seemed to have a direct correlation to residents' lifestyle choices, individuals not going for diagnosis checks, not being aware of signs and symptoms that may indicate a health issue and not then getting those signs further investigated by their GPs. This subsequently resulted in people not getting an early diagnosis and treatment and then needing more radical interventions. Prevention was also important to prognosis the incidence of cancer occurring in the long-term.

Sue Lloyd and Kate Kavanagh reminded the Board that four out of ten deaths from cancer are avoidable, and as part of their presentation they also drew attention to a number of issues including, the local incidence and survival rates locally against England averages, the prevention agenda, the Cancer Taskforce Strategy priorities and ambitions, methodologies, consultations with residents, healthy lifestyle programmes, improving pathways to treatment, the health checks programme, targeting of hard to reach groups for example strategies for learning and disability carers to increase those groups uptake of screening, the need to improve the risk register of individuals, and the new breast screening unit in the Borough.

Cllr Carpenter, Cabinet Member for Educational Attainment and School Improvement, raised the issue of the healthy weight video, which when 'clicked' seemed to take the you to text and was concerned that the written word was not always the answer or best way to encourage individuals. Sue Lloyd and Kate Kavanagh agreed to look into the links on the website.

In response to a question from Cllr Carpenter, Dr Mohi advised that the specialist nurse was now in place to help GPs improve their practices and encourage screening take-up. Dr Mohi stressed that the Borough was the most improved London borough for screening checks uptake. Education sessions were also being undertaken by GPs to improve their clinical expertise in recognising signs and symptoms earlier.

The Chair drew attention to the 'www.newme.london' website as a good site to visit.

Melody Williams, NELFT, suggested that the Healthy Workplace Charter programme could be strengthened or extended to help larger and smaller employers encourage and engage their workforce in healthy lifestyles and screening.

In response to a question from Cllr Turner, Cabinet Member for Corporate Performance and Delivery, in relation to the 60 to 70 age range for bowel screening invitation, it was noted that those over 70 are not automatically screened and would need to opt-in and ask for a test. Kate Kavanagh agreed to look into the take-up rate for over 70s and would provide the details to Cllr Turner direct.

The Chair raised the methods of testing and that they might prove to be why people were reticent in participating, especially in some cultures, for example the three samples packet for bowel cancer screening. Kate advised that a single test option for bowel cancer screening had been piloted and would be rolled out soon.

Discussion was held regarding the screening and referral processes and the analysis undertaken on what the reasons were for non-attendees or non-participation. The Chair pointed out the significant increase in take-up rates since the mobile breast screening unit had been in the Town Centre, as opposed to the take-up rates when people had to go to King Georges Hospital. The Chair said that she felt that gave a clear indication that the service offer and people's wiliness to travel were clearly deciding factors.

The Board noted that BHRUT are achieving 98% of cancer patients being seen

within two weeks of referral and that the Trust were working on more rapid pathways to screening and treatment with GPs.

Dr Jiwani, BHRUT, drew attention to people attending A&E for opportunistic tests when at a late stage of symptoms of disease, rather than attending their GPs earlier. It was important to identify why this was occurring. Dr Jiwani also raised the issue of the terminology used in publicity and education programmes, an example was that in two of the most common non-English languages spoken locally the word 'lump' does not exist, so an understanding of looking for a 'lump' would not make any sense as a sign to see a GP about. In some cultures, faeces is seen as dirty and the tests could be seen as unacceptable thing to do. In order to increase the take-up of early diagnosis tests, perhaps the cultural acceptability of the various testing options needed to be considered when inviting individuals to participate. Kate Kavanagh advised that they were currently investigating diagnosis and visits to A&E to see if there was any learning from that data.

Matthew Cole, LBBD Director of Public Health, drew attention to the need to target more funding to prevention to reduce the need for treatments in the long-term. The Board discussed the need for payment mechanism to be more focussed on education and prevention at GP level and it was felt that there needed to be a mind-set shift in the next commissioning round.

Cllr Carpenter stressed the need for easily accessible, local services, of high quality.

Cllr Turner asked if a map showing the take-up of testing due to geographical accessibility could be included in future monitoring reports.

Cllr Chand commended the Review to the Board, drew particular attention to the 12 points set out in section 3 of the report and asked the Board to support the results of the Review and the Action Plan which was set out in Appendix A to the report.

The Board having discussed the Review:

(i) Accepted the Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17 findings and report of the Health and Adult Services Select Committee, as set out in Appendix A to the report;

(ii) Accepted the Action Plan as set out in Appendix A to the report;

(iii) Agree to receive six-monthly progress reports on the delivery of the action plan; and

(iv) Suggested that that it would wish to see:

  (a) Other local employers being encouraged to take up the Healthy Workforce Programme, for example through the local Chamber of Commerce.

  (b) A higher percentage of funding being directed towards educating the public of signs and symptoms that need to be checked and why attending and participating in testing is vital.

(c) The language used in the publication materials and interactions with partnership staff to be looked at critically to ensure that they make sense to hard to reach communities and are culturally acceptable.

(d) The cultural acceptability of testing options is considered in order to increase the take-up of early diagnosis tests.

(e) The local provision for testing to be continued to encourage attendance and that the quality of those testing resource needs to be maintained to a high standard.

(d) Requested that a map of the Borough showing the take-up of testing due to geographical accessibility be included in future monitoring reports.

22. Tobacco Control Strategy: A Vision for Tobacco-Free Living

Dr Fiona Wright, Consultant in Public Health, presented the report and explained that tobacco was one of the most significant ill health contributors in the Borough and the effects of smoking impacts upon all sectors of the community and at all ages. The risks of smoking are well established and include heart and lung disease, cancers and asthma, ear infections in children and cot death in infants. Smoking is the major factor in health inequality and accounts for half the difference in life expectancy between the lowest and highest income groups. Smoking related illness is a significant resource drain on the NHS and it was estimated that each year in the Borough the cost to society was £52.8m. In addition to this was the costs associated with social care, workplace and school absenteeism, house fires, removal of cigarette butts from streets and the crime associated with counterfeit tobacco etc.

The new Strategy had been based upon an understanding of the local prevalence of smoking and the risk groups, and the local smoking prevention resources. The Strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and key national, regional and local strategies and best practice guidance. A multi-agency workshop had also been held in June 2017.

The Board discussed several issues including, the three-pronged approach set out in the report, future action being concentrated on high risk groups, including shisha usage, illegal ‘fake’ tobacco, those with mental health or other addiction issues, staff training, review of smoking in public places and in smoking prevention. It was noted that it was also intended to refresh the Tobacco Control Alliance in order that Partners could be held accountable on the delivery of the Action Plan.

Cllr Turner asked why it had the word control rather than reduction in the title of the Strategy. It was noted that it was for consistence, including with national documents.

The Chair commended the Strategy for concentrating on the prevention of smoking by young people, rather than concentrating on hardened smokers where cessation success would be harder to achieve. The best health outcomes would be in stopping the habit starting, rather than stopping the habit later in life.

Discussion was held on the need for signs to be placed outside all health sites asking people not to stand in the entrances whilst smoking. It was agreed that all GP practices should be asked to have prominent signs at the entrance to their premises. BHRUT and NELFT were asked to reinforce the no smoking principle on their estate. Cllr Oluwole raised the issue of the practice of patients in wards being allowed to smoke. Melody Williams explained the rational for allowing detained mental health patients to be safely escorted outside to exercise their choice to smoke and the risks of not doing this.

Cllr Carpenter said that she had seen many reports with similar words over the years and wanted to know what would make a difference this time. The Chair advised that this rather than trying to get hardened long-term smokers to quit, there was a significant shift in resources to the prevention agenda and to target young people to stop them starting the smoking habit in the first place. Fiona advised that they would also be focusing on those that really need help and extra support when they decide to quit smoking, for example those with other addictions or mental illness.

The Board discussed the very brief advice (VBA) that could be given by health and other professionals to raise awareness and the time constraints of a GP meaning that they could not concentrate on smoking during a general patient consultation. Dr Mohi stressed that patients often have very complex needs and in his experience consultations rarely centre on smoking, but they can allow a VBA about healthy lifestyles like weight and smoking. Fiona explained that whilst every opportunity should be taken to subtly encourage change in habits, the VBA allows for more time to be spent to support those individuals when they indicate that they want to quit smoking, often because of an incident in their own lives that changes their own perception. The Chair commented that an individual who wishes to stop was more likely to succeed.

Cllr Chand drew attention to the increasing number of individuals using shisha pipes and risks that the tobacco and carbon monoxide from the burning charcoal causes and that there was a mistaken belief that shisha was safer in some sections of the community. The Chair advised that she had been told that the toxin levels in one day of shisha pipe use equates to 100 cigarettes and we needed to educate the community that shisha pipes are certainly not safe or a safer alternative to cigarettes.

Cllr Chand also raised the issue of vaping and the attraction of those to young people and pointed out that nobody really knows the long-term effect of using those or cigarette alternatives and the chemicals that they contain. Matthew Cole explained that currently the NICE guidelines state that the kitemarked / certified vaping cigarette alternatives are better than smoking tobacco and that vaping, along with patches etc, can be a useful tool in breaking tobacco smoking habits.

The Board:

(i) Approved the Tobacco Control Strategy and the key priorities identified, as set out at Appendix A to the report;

(ii) Agreed to receive a six-monthly progress reports on the implementation of the Tobacco Control Strategy;

(iii) Requested partners to actively engage in a refreshed Tobacco Control Alliance; and

(iv) Suggested that it would wish to see:

(a) All health sites and GP surgeries encouraged to have signs asking people to not smoke in the entrances and that partners discourage individuals from leaving hospital wards to smoke.

(b) The significantly higher risks of shisha pipe usage is highlighted, particularly in the communities where it has traditionally been used.

23. Better Care Fund: Update and Discussion

Mark Tyson, Commissioning Director Adults' Care and Support, advised that by Minute No. 6, 5 July 2017, the Board had given delegated authority for a response to be sent on 11 September 2017 and that the report in front of the Board was not seeking any decision but was purely to provide an update. Work had been undertaken on the Barking, Havering and Redbridge (BHR) Plan in association with commissioning partners and it reflected the shared ambition for progressing integration and service improvement across BHR. The work had been significantly borough based this year (Year 1) and had focused on aligning plans and governance. There would be a more integrated Plan across the three boroughs for the following years, with Year 2 seeing substantive integration through joint commissioning.

The report and its appendices set out in further detail the implication and planning requirements since the 5 July meeting of the Board. Mark drew specific attention to several issues including:

- Funding for the next two years
  The contributions from the Local Authority, new grant funding, the Disabled Facilities Grant allocations, CCG contributions resulting in a total BCF funding pot of £21,758,000 in 2017/18 and £24,236,000 in 2018/19.

- Governance
  It is expected that a new structure will be formed in 2018/19 to reflect the greater interdependence of the Plans and further reports will be presented on this issue in due course.

- Delayed Transfers
  Guidance from NHS England had placed a greater emphasis on delayed transfers (out of hospital). The Borough was out-performing the 45-day target and in the past year had achieved a 30-day average, which was one of the best performances across London.

- New grant measures, which were allowing more to be done in regard to mental health provision, , as well as allowing the Council to contain the cost of the previous year's £100/week increase in residential care fees.

- Equipment Purchase contract(s) that would allow easy item / service provision, which in turn would reduce delays in people being discharged from hospital.

- Support for carers in delivering care within an individual's home.

- Hospice transfer for both respite and end of life care.

- The effect on Localities and Intermediate Care provision

The Chair raised concerns that the Partnership appeared to be being penalised for doing well and that we should be setting the achievable average target of 45 days and if we do better that can be applauded. The partnership had worked together in setting-up the systems to achieve that good level of performance and those systems now need to be left to bed-in, but would continue to be monitored to ensure there was no downward performance drift. The Chair stressed that the Partnership needed to now concentrate on other pressing areas of performance improvement. Cllr Carpenter commented that we should determine the target and fight for an achievable target. Concern was also raised that too stretching targets could encourage risky or too early discharge resulting in rapid readmittance. It was noted that some negotiation might be necessary with NHS England.

Cllr Carpenter advised that all students at Barking and Dagenham College attend a mandatory course on mental health and wellbeing. This was aimed firstly at encouraging those that were not coping to seek help earlier and secondly in increasing awareness of the effects of mental ill health and even stress. This type of course could be expanded to other organisations.

Cllr Carpenter pointed out that there have been two reviews on dementia services and asked why the service needed to be reviewed again. Matthew Cole advised that those reviews had primarily centred on the services for the older, generally octogenarian plus, dementia patient, but it was now necessary to look at dementia services for an earlier age range. This provision and access to treatment review was being driven by several issues such as the improvement in clinical diagnosis levels, earlier in the condition, which had increased younger patient demand, and the changing healthcare landscape.

Sharon Morrow advised that new guidance was also expected imminently and that would probably result in a fresh look at the ways we can effectively deliver the improvement plan, including through commissioning, in the changing healthcare landscape.

Melody Williams advised that the NELFT Memory Services had received Memory Service National Accreditation Programme (MSNAP) accreditation from the Royal College of Psychiatrists' Combined Committee, which nationally recognised NELFT good practice.

Mark commented that further work would be needed to develop the coalition and also the direct payment provisions.

It was noted that plans were underway for World Mental Health Day and Mark would check that this links-up with the work and events at the College.

The Chair concluded the discussion by commenting that the Programme had been developed by the local health community and that the partnership working driven by the Board had benefited the residents. The Chair stressed that whilst the three

boroughs could come together, it must be recognised that the communities are distinctly different and flexibility has to be maintained to meet local needs.

The Board:

(i) Noted the contents of the report and the Plan summary;

(ii) Noted that work was ongoing in the development of funding mechanisms amongst the partners and the impact on direct payment;

(iii) Supported the continuance of the 45 days target for transfer to social care, subject to negotiations with NHS England; and

(iv) Noted that update reports would be presented in due course.

24. Stepping Up: A Narrative of Health and Social Care Integration in Barking and Dagenham

Mark Tyson, Commissioning Director Adults' Care and Support, introduced the report and explained that the report in July 2017 on the future direction of the Board had mentioned a narrative history of health and social care integration in the Borough. Sometimes it is useful to look back to see how you have developed as an entity and to put down a record of the learning gained along that journey. The report and its appendix provided a first attempt at that narrative and Partners were now being asked to contribute towards the document.

Matthew Cole said that he felt that some changes seem to be so imbedded that it can take years to change and there still needed to be a way to deal with organisational differences.

Sharron Morrow commented that it was important to write the history down and, more importantly, too learn from it. There had certainly been areas where there was no immediate accord because organisation see things from a different perspective. This exercise could help the process of further understanding each other's ethos.

The Chair welcomed the narrative and indicated that whilst there have been robust discussion on some issues, a strong, mature and open partnership had been achieved and that had enabled progress and positive change.

Mark also drew attention to the Policy Positions in section 5 of the report, which were set out in greater detail in part 3 of Appendix A.

The Board:

(i) Noted the contents of the report and welcomed the narrative history of health and social care integration in the Borough, as set out in detail in Appendix A to the report; and

(ii) Approved the policy positions detailed in part 3 of Appendix A to the report and agreed that the Board would adhere to those principles in relation to all future integration initiatives, in short that:

- Our focus is on Barking and Dagenham
- We are shaping our own destiny
- BHR is our major focus for cross-borough work
- Everything should strengthen localities, where feasible
- We are committed to integrated delivery
- Partnership can and should encompass robust challenge
- We want to strengthen democratic leadership of health
- We work at our own pace
- We will work sustainably
- Innovation is key

(iii) Noted that work was ongoing to deal with organisational differences and the need to have robust mechanisms to overcome any differences as they occur.

25. Response to the East London Health & Care Partnership's Consultation on Payment Mechanisms

Mark Tyson, Commissioning Director Adults' Care and Support,
Presented the report on the creation of the East London Health and Care Partnership (ELHCP), formerly referred to as the Sustainability and Transformation Plan Partnership (STP). The consultation had commenced in July 2017 on future payment mechanisms within the NHS and this had introduced the need for reform and key considerations, the details of which were contained in the appendices attached to the report. As a result, the deadline for response had now been extended to the 29 September 2017 to accommodate any further comments from local Board meetings. Mark advised that the proposals were still very general and were also consistent with the work on the Business Case for the Accountable Care Organisation at the end of 2016

With increasing pressures and reducing resources it is clear that things need to change to reduce the spiralling demands on the NHS, and in particularly the number of hospital admissions. To achieve those reductions in the medium and long-term, significant increases in funding and effort was now needed in prevention and healthy lifestyle education. Prevention needed to have a higher priority and come much higher up the funding agenda now however, it is difficult to ascertain or make a specific case on how much will be saved because early intervention could stop the need for acute care in 5 or 50 years in the future. There are no cost specifics at each stage of a patient's journey. Commissioning and funding streams need to incentivise both prevention and people being kept out of hospital. Discussions are ongoing with the ELHCP / STP.

Mark drew attention to the governance issues and it was noted that BHR response on Governance was still awaited. In response to a question from Cllr Turner, Mark explained that the report contained two separate issues, and apologised for any confusion and explained that Appendix B to E were to provide general updates.

Cllr Carpenter commented that one thing the report did provide was a reminder on how complex the new structures would be. Cllr Turner was concerned about preventing conflict of interests between commissioners and contractors. Mark was asked to produce a structure chart indicating who was on which part of the governance structure.

Further comment was made on payment mechanisms for the prevent activities and on the opportunity to think anew about how to contract services, when purchasing for broader service user outcomes, together with health commissioners. Work would also need to be undertaken to incentivise localities. The Chair indicated that there was clearly an opportunity to use joint commissioning as a lever for change and for service development that could possibly create a once in a generation step-change in local health outcomes.

The Chair advised that the discussions on elected representation on the ELHCP Board were still ongoing

Mark also drew the Board's attention to the need to explore the issues of data analysis and flows and the ongoing development of the local digital roadmap. Mark suggested that the ELHCP could play an important role in the refresh of the East London Information Sharing Agreement and also in resolving the problems of providing more integrated and responsive health and care system data and record management systems. The development of shared analytical capacity within BHR, rather than creating capacity at ELHCP level also needed to be considered further.

The local relevance and lack of detail in the plans were questioned. Ian Tomkins, Director of Communications & Engagement ELHCP, advised that the structures and reporting links are now becoming clearer and that they were currently in the first phase of strategy production. The current document was at the decision point for planning and aspiring aims for service delivery: what those means for local people will be on the ELHCP website soon. The Chair asked if timescales and achievement dates could be provided against the aims detailed in the current report in in order that the progress and overall picture could be seen. Ian advised that a complete document would be provided in due course. Ian was also asked to provide the links to the ELHCP web pages to Board Members.

Sharron Morrow offered to provide a report on some of the narratives and real action and progress that was being made in cross-borough initiatives.

The Board:

(i) Noted the consultation and the impact that future joint commissioning will have as a lever for change and on service development;

(ii) Suggested that:

(a) The Local / London Information Sharing Agreement is considered as a priority task for the ELHCP to deliver.

(b) A payment mechanism for prevention activity and service specific sharing needed to be put into place to improve outcomes and reduce resource demands;

(iii) Noted that a further report and document is being prepared by the ELHCP and this would be presented to the Board in due course.

In this regard the Board requested that specific timelines and achievement

dates should be stated against the aims detailed in the appendix attached to the current report.

(iv) Delegated authority to the Chair of the Board to approve the final response on behalf of the Board for submission by the deadline of 29 September 2017. Noted that the response would be a joint response with the LBBD Health and Adult Services Select Committee (HASSC).

26. Annual Safeguarding Reports 2016/17

The Chair advised that as the Safeguarding Chairs were unable to attend the meeting if there were any questions or challenges on the annual reports they should be passed to her and she would take the details back to the two new Chairs.

Matthew Cole advised that he was the Chair of the Child Death Oversight and Review Panel and a review of neo-natal deaths was being undertaken across the three boroughs and this would be reported to the Board in due course. It was noted that 75% of infant deaths were of black African origin. Matthew explained that most of the deaths occur in the first week of life and are the result of congenital defects that occur in first cousin consent, which appears to be increasing due to the shift in demographics. However, the total 27 deaths in a year does not provide sufficient statistical sampling to spotlight trends, therefore, incidence rates across the three boroughs and across London are used.

In response to a question from Cllr Bright, The Chair reminded the Board of the results of the Growth Commission and of the many other initiatives that were being undertaken. Improvement in health outcomes was not as fast as we would want but outcomes are dependent upon individuals' behaviour and to some extent changes in culture. The Chair would arrange for updates on the programme to be provided to Cllr Bright.

The Board:

(i) Noted the report of the Safeguarding Adults Board

(ii) Noted the report of the Safeguarding Children Board.

(iii) Noted that a review of neo-natal deaths is being undertaken across the three boroughs, the results of which would be reported to the Board in due course.

27. London Ambulance Service NHS Trust - Care Quality Commission (CQC) Inspection

The Board noted the report on the results of the London Ambulance Service (LAS) NHS Trust Care Quality Commission (CQC) Inspection this year, which had resulted in a rating of "needs improvement" and the LAS's intentions towards further improvement as set out in Appendix A to the report.

28. Update on the Work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge

The Board:

Noted the report, which included details of the:

- Integrated Care Partnership Board held on 28 June 2017.
- ACS Development Event Summary Output**.**

29. Sub-Group Reports

The Board noted that since its last meeting only the Mental Health Sub-Group had met. A workshop on suicide prevention had now been arranged with Havering and LBBD and will be held on 18 October 2017.

30. Chair's Report

The Board noted the Chair's report which included information relating to:

- Family Fun Day at Mayesbrook Park, which had been very successful with over 3,500 people attending.

- The Great Weight Debate Hackathon held on 6 June 2017 with the BAD Youth Forum.

- Older People's Day, 1 October 2017, and events being held during the following week.

31. Forward Plan

The Board noted the draft November 2017 edition of the Forward Plan and the 4 October deadline for changes.