MINUTES OF
HEALTH AND WELLBEING BOARD

Wednesday, 13 November 2019
(6:00 - 7:32 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Lynda Rice, Matthew Cole, Kimberly Cope, Sharon Morrow, Fiona Peskett and Nathan Singleton

30. Apologies for Absence

Apologies were submitted on behalf of Councillor E. Keller, Bob Champion, NELFT and Brian Parrott, Independent Chair of B&D Local Safeguarding Adults Board.

31. Declaration of Members' Interests

There were no declarations of interest.

32. Minutes - To confirm as correct the minutes of the meeting on 10 September 2019

The minutes of the meeting held on 10 September 2019 were confirmed as correct.

33. Better Care Fund (BCF) 2019/20

The Board received a presentation from the Head of Commissioning, Adult Care and Support which outlined a summary of the 2019/20 submission to NHS England for the Better Care Fund (BCF) which formed an extension of the Joint BHR Narrative Plan agreed for 2017-19 and, following sign-off by the Chair and Deputy Chair of the Board, was presented before the deadline of 27 September. Informally the Council has been notified that the Plan had been approved.

In response to the broad summary of financial sources making up the pooled budget, Councillor Carpenter sought clarity on the breakdown of the CCG financial contribution and queried why this year the local authority had decided not to provide additional funds beyond its iBCF allocation.

Sharon Morrow confirmed that the CCG monies in the main related to contracts held with a range of NHS providers. In respect of the latter the Director of People and Resilience stated that no additional funding had been considered by the Council given the challenging financial position.

The Board requested that a full financial breakdown of the submission summarised in the narrative be circulated to all Board Members.

There were a number of exciting projects/schemes making up the Strategy as part of the narrative and specific reference was made to a mental health improvement project on Thames View (Thrive-ThamesView) and a relational and strengths-

based social work practice model that sought to improve collaborative working, social networks and enhance wellbeing, value the capacity and potential in individuals and communities and reduce bureaucracy.

The Chair agreed that an update be presented in six months-time summarising progress of the BCF projects/schemes, from which the Board could then decide whether they wished to select specific schemes for more in-depth review.

The Deputy Chair confirmed that he had been made aware that both the British Red Cross (BRC) and Age UK had received additional funding from NHS England to support the predicted winter health pressures. The funding allocated to both organisations through the BCF represented match funding and in the case of the BRC additional commissioned work. The Chair stressed the importance of officers ensuring there was no duplication across the range of organisations funded through the BCF.

34. BHR CCG Long Terms Conditions Strategy

The Board received and noted a report and presentation from Dr Ramneek Hara GP Clinical Lead and Jeremy Kidd, Deputy Director of Delivery on the work to date of the BHR CCG Long-Term Conditions (LTC) Transformation Programme led by a Transformation Board. This was established in April 2019 to develop a strategy of co-ordinated change across a range of LTC's as detailed in the report with a view to improving quality, patient outcomes and to ensure services are delivered as efficiently as possible and integrated around the patient.

The programme of work involved identifying thematic groups with the aim of delivering a vision through two task and finish groups, beneath which were a range of sub-groups involving clinicians and officers from across the BHR system. There were also mechanisms to engage with patients and carers.

As LTC's had not previously constituted a defined area of work, the strategy document had been developed to understand the key challenges and the responses to such. The key challenges were seen as:

- The gap in prevalence between national forecast levels and local levels of diagnosis, and
- The level of activity on long term conditions in a non-elective care setting.

A clear vision for LTC's had been developed in response to the challenges which included the development of common/single pathways for patients with multiple LTC's, a renewed emphasis on empowering the patient to manage their own condition(s) and improving diagnosis rates.

In response to the presentation the Director of People & Resilience asked about the relationship between LTC's and specific pieces of health work, highlighting as an example links between stress in childhood leading to LTC's in older age. Dr Hara stated the programme had acknowledged these health links citing things like obesity, asthma, and smoking in young people with LTC's in later life.

Reference was also made about the importance of recognising the effects for older children carers, who can ignore their own health needs and the importance of establishing support networks. There were also issues of mental wellbeing of children and young people which if not addressed could potentially lead to other health problems in later life. Overall the strategy suggested that LTC's was an older adult problem. The CCG were advised to consider incorporating children and young people in the model.

Dr Hara then presented an overview of the model of care which aimed to identify people at an early stage with a range of in-scope conditions and help them to access treatment and to improve self-management of those LTC's seen as Atrial Fibrillation, Blood Pressure, Cholesterol and Diabetes.

He referred to the 'Core Offer' in the strategy involving providing the patient with information, care planning and an annual health check so as to proactively manage a condition so it does not deteriorate, and therefore decreasing the probability of multiple LTC's occurring, for which there is a key role for Care Coordinators. It was stated that given the overall spend by the BHR CCG in respect of both planned and unplanned admissions it was estimated that long term there would be no additional financial implications arising from implementing the proposed model of care.

The Chair welcomed the model and recognised from her own experiences at the GP a real change in the way health conditions were being managed by GP's through taking a more holistic approach to dealing with patient needs.

Responding to the financial viability of the model Jeremy Kidd stated that the CCG had undertaken financial modelling on the volumes of spend which taking diabetes as an example showed that 85% of the allocated annual budget was spent on treating the condition and demonstrated the value and cost effectiveness of addressing LTC's at an early stage through decreasing the prevalence gap.

The Deputy Chair explained that the model was about shifting the balance and making sure as a result of early intervention, the patient is properly sign posted to the right clinician and/or organisation, such as the GP or the voluntary sector.

It was suggested that the model did not appear to recognise respiratory health problems as an LTC, given this is a significant issue for Barking and Dagenham. The CCG acknowledged this explaining that there are planned workshops focusing on both respiratory issues and cardiology, another prevalent health condition in Barking and Dagenham.

It was confirmed that the model was being rolled out now on a phased basis. Sharon Morrow added that the transformation programmes were in early development and acknowledged that this stage they were NHS focussed, although the intention was to adopt a more strategic approach which would be driven forward through the Inter Care Executive Group (ICEG).

35. North-East London Primary Care Strategy

Dr Anwar Khan, East London Health and Care Partnership presented details of the NEL Primary Care Strategy approved by all seven CCG's governing bodies, which was submitted to NHS England on 30 June 2019, and which formed a key component of the NHS Long Term Plan.

Referring to the local context the vision outlined in the Strategy stated the aim of 'We will make NE London a desirable place to work and train in primary care' which set out the top 5 aspirations with the intention of retaining GP's across NEL. Whilst welcomed the Board queried why this work had not been implemented previously.

Accordingly, the Board noted the report and presentation.

36. Integrated Care Partnership Board - Update

The Chair updated the Board on progress with review of the Partnership's governance arrangements.

37. Forward Plan

The Board noted the current draft edition of the Forward Plan.