

# HEALTH AND WELLBEING BOARD

4 June 2013

<b>Title: Chair's Report</b>	
<b>Report of the Chair of the Health and Wellbeing Board</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected: ALL</b>	<b>Key Decision: No</b>
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<b>Sponsor:</b>  Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
<b>Summary:</b>  This report draws the attention of Board Members to the SEN Green Paper and Healthy Schools London Project. Also included is an item on a recent government announcement on integration and urgent care, international recognition for our Integrated Care Coalition and a summary of the Social Care Bill which the Queen raised as part of her annual speech. The report also includes updates on measles, Hear to Meet and Sign Translate following the April Chair's Report.	
<b>Recommendation(s)</b>  The Health and Wellbeing Board is recommended to:  (i) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.	

## **1 Healthwatch**

- 1.1 Councillor Reason, Portfolio Holder for Adult Services and HR recently attended the Healthwatch launch event on the 22 May 2013 at Harmony House which was an enjoyable and informative event.
- 1.2 Patrick Vernon OBE - Healthwatch England committee member - introduced the role of Healthwatch England as the national champion and how Healthwatch England fits with local Healthwatch. Elaine Clark, a Barking and Dagenham Healthwatch Board Member, gave a presentation on the progress of Healthwatch to date and discussed their role on the Health and Wellbeing Board and as local health and social care consumer champions.
- 1.3 For more information on Healthwatch, please contact Frances Carroll, the new Chair of Healthwatch and our new Health and Wellbeing Board member on 0208 526 8200.

## **2 Queen's Speech on care and support**

- 2.1 In her annual speech for 2013 the Queen set out the government's proposed legislative programme for the year ahead including a Social Care Bill which will end the situation where people who have worked hard all their lives have to sell their homes to fund their care.
- 2.2 The Care Bill which was published on 10 May 2013 will take forward elements of the government's initial response to the Francis Inquiry and give people peace of mind that they will be treated with compassion when in hospital, care homes or their own home.
- 2.3 The Bill has three parts which will see:
  - The introduction of a cap on the costs that people will have to pay for care as well as setting out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care.
  - Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services and make informed choices about where to go, as well as a process to deal with unresolved problems with the quality of care more effectively.
  - Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies giving them the impartiality and stability to carry out their roles in improving education and training for healthcare professionals.
- 2.4 A full copy of the Queen's speech including references to legislation around working parents and childcare, fairer society and economic growth can be found on-line: <https://www.gov.uk/government/topical-events/queens-speech-2013>

### **3 Government announcement on integration and urgent care**

- 3.1 On 25 April 2013, the Health Secretary announced a major NHS review to consider the possibility of GPs taking back out-of-hours care. In a speech to the Age UK Annual Conference, Mr Hunt drew on perceptions that primary care was “inaccessible”, with poor out-of-hours availability when highlighting the rising pressure on A&E departments. The review of emergency and urgent care will be conducted by NHS England’s medical director Sir Bruce Keogh, of which GP working hours will form part of the review.
- 3.2 In addition to a review on urgent care, Mr Hunt also revealed his strategy for better management of the health of vulnerable elderly patients. The Department of Health plans to draw up a Vulnerable Older People’s Plan which will look at levers in the system which prevents joint commissioning and stops people from getting joined-up care.

### **4 Urgent Care Board**

- 4.1 I have recently been advised that after discussion with the NHS Trust Development Agency, NHS England and BHRUT, it has been recommended that Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups establish an Urgent Care Board.
- 4.2 The new board is in line with recommendations from the review of Mid-Staffordshire NHS Foundation Trust and will be responsible for leading strategic development and improvement of emergency/urgent care services.

### **5 SEN Green Paper**

- 5.1 The SEN Green Paper *Support and aspiration: A new approach to special educational needs and disability* was published in March 2011. It sets out a reform programme aimed at supporting parents, the voluntary and community sector, early years settings, schools, colleges, health and social services and their partners in improving outcomes for children and young people with SEN or who are disabled and their families.
- 5.2 The key proposals outlined in the SEN Green Paper centre around:
- Changes to the current system for statutory assessment and statements of Special Educational Needs. The proposal is for a single Education, Health and Care Plan setting out all the services the child or young person will receive for their support;
  - Statutory SEND provision to be extended to age 25
  - Transparent funding for SEND based on a national banded framework
  - Parents to have greater control over the services they and their family use.

- Those whose children have an Education, Health and Care Plan will be able to express a preference for any state-funded school and have the right to a personal budget for their support.
- Introduction of a single school-based category of SEN to replace the current 'graduated response' i.e. School Action, School Action plus and Statement of Special Education Needs.
- An indicator to be included in schools' performance tables showing progress of their lowest attainers.
- A requirement for Local Authorities to set out a local offer of the support available for children with SEND and their families.

5.3 Following the publication of the SEN Green Paper and its consultation, 20 schemes were introduced to test the reforms in different local authorities. A final report will be published by the Department for Education this summer on the progress made under these trials.

5.4 In February 2013, the Children and Families Bill was published, making changes to the law that is required for the green paper reforms. The bill sets out the duties for all the agencies involved in providing services for children and young people with SEN.

5.5 In Barking and Dagenham we have anticipated the proposed legislative changes and made some adjustments to the organisation of SEND services, these include:

5.6 For those families where children and young people had been eligible for borough transport we have initiated personalised budgets. The responsibility for this area now lies within the integrated disability team.

5.7 The School Improvement Service provides direct support, advice and challenge around specialist areas of SEN. There is a comprehensive professional development programme in place for school staff. This is enabling schools to increase their capacity to effectively meet the range of SEND in their schools.

## **6 Healthy Schools London**

6.1 Healthy Schools London was launched in April 2013 and recognises the important role schools play in supporting the health and wellbeing of children and young and ensuring they make healthy lifestyle choices. The programme aims to support London's schools to provide an environment and culture that helps their pupils grow up to be a healthy weight, and support their wider health and wellbeing. Engagement with the new programme is optional however schools are strongly recommended to participate.

6.2 Healthy Schools London is based on an awards scheme sponsored by the Mayor of London that will recognise and celebrate schools that are making a difference for their pupils. Three awards are available to schools, bronze silver and gold. The

Healthy Schools London programme is website driven and aims to support schools as they work towards these awards via a network of London wide support networks, tools and guidance.

- 6.3 The national Healthy School Status programme ran from 1997 to 2011, during which time 100% of schools in Barking and Dagenham achieved National Healthy Schools Status. Provided that their health and wellbeing provision has been maintained, schools in Barking and Dagenham are automatically eligible to apply for the new Healthy Schools London bronze award.
- 6.4 A Personal Development Curriculum Advisor will be appointed from September 2013. The post-holder will support schools in working towards the available awards.

## **7 Integrated Care Report**

- 7.1 A national collaborative has formed to focus on integrated care as a capital priority. The collaborative includes representatives from the Association of Directors of Adult Social Services (ADASS), Department of Health, Local Government Association, Monitor, NHS England and Public Health England.
- 7.2 The London branch of ADASS and NHS England (London region) have agreed a shared work programme and Elizabeth Comley has moved across from the Joint Improvement IP to the led by Jen Leonard at NHS England (London Region) to help facilitate the implementation of this programme.
- 7.3 Underpinning the team's work is a commitment to provide practical assistance in supporting London systems to provide high quality person-centred coordinated care for people with complex needs.
- 7.4 Initially, the programme will focus on the top 20% population (those who are calculated as being very high to moderate risk) the London team is promoting a particular emphasis of the needs of the frail elderly, people with dementia, one or more long term conditions or people nearing the end of their lives. This will also secure improvements well beyond the target group.
- 7.5 System leaders from across London had an opportunity on 24 April to test and influence the content of a common purpose framework (CPF). The CPF describes how the national partners will collectively support localities by creating the right conditions, which includes the removal of national barriers, to help good care become the norm.
- 7.6 More information about the these projects can be found on the Local Government Association Knowledge Hub:  
<https://knowledgehub.local.gov.uk/group/healthandcareintegrationgroup>

## **8 International Recognition for the Integrated Care Coalition**

*"Integrated care can only happen at the local level, and this needs outstanding local leadership to succeed" – Raj Verma*

- 8.1 Further to the positive reception Barking and Dagenham's Integrated Care Coalition received at the Conference in Eastbourne earlier this year, our model of integrated care has been subject to further acclaim from international peers.
- 8.2 Raj Verma (Director of Clinical Program Design and Implementation, Agency for Clinical Innovation, New South Wales, Australia) visited East London on April 15<sup>th</sup> as part of a Community Insight event. The following aspects of the integrate care model were singled out for praise:
- Leadership and collaboration among Clinicians and Managers to develop local solutions
  - A clear focus on the needs of the local population and targeting services to meet those needs
  - Paying attention to the importance of long term conditions such as CoPD and Diabetes
  - Commitment to improve systems and care pathways and having a co-ordinated service with a single point of contact.

## **9 Updates following the April Chair's Report**

### **Hear to Meet**

- 9.1 This year, during national Deaf Awareness Week (6 to 12 May), the Council hosted its annual information event to showcase services on offer to people who are deaf and hard of hearing. 100 people attended the event and found out more about some exciting new initiatives, including the launch of the new 'Hear to Meet' (H2M) project.
- 9.2 H2M is a partnership project between the Council, Action on Hearing Loss, and the Audiology Department at Queen's Hospital. The service will largely be run by volunteers, with the support of one paid coordinator.
- 9.3 The majority of people who are hearing impaired develop their hearing loss later in life and as they have previously been able to hear, this can be extremely traumatic; often leading to isolation, loss of independence and feelings of grief. Hearing aids can be tremendously helpful but generally do not restore hearing as people have previously known it and are difficult to use. As a consequence, many aids that are issued are never or rarely used.
- 9.4 The aim of the H2M service therefore is to support people in the bewildering position of having just been diagnosed with hearing loss; helping them to overcome isolation, make the best use of their hearing aid and access other equipment and services.
- 9.5 There are currently 540 hearing impaired residents known to the OT and Sensory Unit, but it is recognised that there are many more hearing aid users living in the borough who are not known to the service.

## **Sign Translate**

- 9.6 Sign Translate is an online, real-time translation product for BSL (British Sign language) users, delivered by the healthcare charity Sign Health.
- 9.7 It is well known that Deaf people who rely on BSL face immense barriers when it comes to communicating their needs to professionals. Regrettably local Deaf people have told us that life in Barking and Dagenham is no easier in this respect. During consultation meetings BSL users complained particularly about their experiences of visiting their GP; reporting that they often had to wait 3 weeks for an appointment accompanied by an interpreter.
- 9.8 In February 2013 a Sign Translate licence was bought for the Council. Dialogue has subsequently taken place between the sensory service and officers responsible for reception areas at Civic Centre, BLC and Dagenham Library and the One-stop-shops. Discussions have also taken place between the sensory service, the Patient and Public Liaison Officer and integrated health and social care Cluster Managers; but, as yet the system is not being used by any local GPs or in any local NHS clinics.
- 9.9 To help promote the service, demonstrations of the software were provided at the BLC during Deaf Awareness Week. Unfortunately, no GP practices were able to attend the session to take advantage of the offer of a free webcam. However, further meetings with GP practices are being arranged. It should be noted that the service is free to set up, free to subscribe, and surgeries will receive a free webcam and 100 free minutes to help them get started.
- 9.10 I would ask relevant members of the Health & Wellbeing to promote the Sign Translate service among GP practices and advise them to contact Bill Brittain for further information ([Bill.Brittain@lbbd.gov.uk](mailto:Bill.Brittain@lbbd.gov.uk), 020 8724 8373). Bill can also be contacted for more information on the Hear to Meet service.

## **Measles Update**

- 9.11 As you are aware, there are increasing numbers of measles cases and local outbreaks being reported across England. In 2012 there were a total of 1,920 confirmed measles cases in England, the highest annual total since enhanced follow up of measles cases began in 1994. Measles activity has continued to remain high in the first three months of 2013, with a total of 587 confirmed cases reported across the country. Older children and teenagers have been particularly affected in the current outbreak as a result of the decline in MMR coverage at the turn of the century.
- 9.12 London is not in a measles outbreak situation currently. The majority of cases recently reported in London have been associated with particular 'at risk' communities and there is no evidence of spread to wider communities. There have been 68 confirmed cases in London during the first three months of 2013 although there have been no confirmed cases to date in Barking and Dagenham.

- 9.13 A national media statement was published supported by a local statement by the Director of Public Health on 25 April 2013 advising young people (and parents) of this increase and urging young people between 10 and 16 years of age who remain under or unvaccinated to get vaccinated. The highest priority groups are young people who are completely unvaccinated and have not received a single dose of MMR vaccine.
- 9.14 A National implementation plan has been announced to reduce the transmission and spread of measles and Public Health England and NHS England are developing a national implementation plan together with input from all partners including the Department for Education. The plan will have 3 essential components; namely:
- Offering MMR vaccine to children at risk;
  - Improving and sustaining the current MMR programme;
  - TI in May on the national plan.
- 9.15 NHS England (London Region) is now delivering the national GP led MMR Temporary Catch-Up Programme for 2013, specifically targeting the 10 to 16 year old cohorts who remain under-vaccinated due to the now discredited adverse publicity between 1997 and 2003. We consider the MMR coverage in the 10 to 16 year old cohorts to be higher in London than reported due to previous MMR catch-up campaigns. The Public Health Team and Public Health England presented to the GPs at their P Active identification of children at risk.
- 9.16 For more information on the measles outbreak, please contact Matthew Cole ([Matthew.Cole@lbbd.gov.uk](mailto:Matthew.Cole@lbbd.gov.uk), 020 8227 3657).