

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 17 June 2014  
(6:00 - 8:31 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Evelyn Carpenter, John Atherton, Anne Bristow, Stephen Burgess, Frances Carroll, Matthew Cole, Chief Superintendent Andy Ewing and Helen Jenner

**Also Present:** John Dawe, Steve Russell, Neil Roberts, Dr Tania Misra, Sharon Morrow

**Apologies:** Cllr Laila Butt, Cllr Bill Turner, Conor Burke and Dr John

## 1. Declaration of Interests

There were no declarations of interest.

## 2. Minutes - 11 February 2014 and 25 March 2014

The minutes of the meeting held on 11 February were confirmed as correct. It was noted that the meeting on 25 March was inquorate.

## 3. The Health & Wellbeing Board as a Committee of the Council

The Board received a presentation from John Dawe, Group Manager Democratic Services, who outlined the role and integral position of the Health and Wellbeing Board in the Council's overall political structure, how all Board meetings should be conducted in accordance with the Council's Constitution and how Board Members share a similar status with Councillors and Co-opted Members of the Authority, and were therefore are bound by certain codes and protocols. The presentation covered governance arrangements and meeting procedures, including scrutiny of Board decision making, codes of conduct, the role of the Monitoring Officer and declaration of interests in the context of the Register of Members and Co-Opted Members' interests. Board Members were reminded of the requirement to register relevant interests within 28 days of the meeting on a prescribed form, to be circulated.

The Board members were also provide with a welcome pack for future reference and were reminded that much of the information could also be found in the Council's Constitution.

The Board noted:

- (i) The status of the Board as a statutory Committee of the Council with the authority to take executive decisions; and
- (ii) That meetings of the Board will be conducted in accordance with the Council's Constitution.

#### 4. Healthwatch Barking and Dagenham Annual Report 2013/14

Frances Carroll, Chair of Healthwatch Barking and Dagenham, presented the first annual report of Healthwatch which provided details of the work that had been undertaken during 2013/14. The achievements, progress against the work plan and challenges had included:

- Public Consultation
- Consultation on the Closure of Broad Street Walk-in Centre, which had resulted in the CCG pilot of 25,000 extra urgent care appointments by GPs.
- Progress against the work plan in regards to visits to Queen's Hospital.
- Social care visits to Darcy House, Cloud House and Look Ahead.
- Survey to ascertain how easy it was for staff to raise concerns or to 'whistle-blow' in regards to inappropriate behaviour or care that was not to an acceptable standard.
- Survey of young people's dental experiences and provision of toothbrush for all 3 to 5 year olds project.
- Children and Young Adults with Diabetes issues and actions.
- Discharge from the stroke service survey.
- Community Care Teams and Better Care Fund workshops held.
- The cessation of 0844 telephone numbers by GPs in the Borough.
- Issues that Healthwatch they were facing in regards to obtaining responses from GPs, including through Freedom of information requests.
- Difficulties in getting NELFT and BHRUT to contact patients discharged through the stroke service.

Frances Carroll explained that Healthwatch recommendations were sometimes met with a non helpful response, such as a solicitor's letter. This might be due to a lack of understanding of the role of Healthwatch within some organisations in the sector. Sharon Marrow advised that the CCG have and will continue to share information with Healthwatch. A number of Board Members suggested that should Healthwatch have difficulties they should contact the appropriate Board Member who would be able to assist in facilitating responses from the appropriate part(s) of their organisation.

Helen Jenner, Corporate Director of Children's Services indicated that she felt more work could be done with the Barking and Dagenham Youth Forum (B.A.D Forum) on young people's health issues and felt that the engagement programme details would assist.

The Chair said that she needed some clarity on how concerns identified by

Healthwatch are escalated to the Board. The Chair also queried whether the same participants regularly take part in Healthwatch events or whether there were different organisations or people depending on the topic. Francis Carroll advised that 'voice cards' were a way of gathering intelligence from a wider group and the cards use open questions to pick up trends. Anne Bristow, Corporate Director of Adult and Community Services said that she was disappointed that the hub and spoke communication method had so far not resulted in more active involvement by the community.

Councillor Carpenter raised concerns about the size of Healthwatch as an organisation and its ability to deliver in view of the large brief and area Healthwatch covered. Francis Carroll advised that they now had two full time staff and a number of good quality volunteers. Cllr Carpenter indicated that she felt Healthwatch would need to ensure they prioritise and focus on both what could and needed to be delivered within timescales. Francis Carroll advised that Healthwatch do not pick broad subjects, but pick specific issues that they can hone into but are sometimes dependant upon the responses or assistance of member organisations.

The Board:

- (i) Noted the progress made in the last year;
- (ii) Noted the difficulties that Healthwatch had experienced in receiving feedback / communications from Member organisations and that communications needed to be improved between both partners and contributors;
- (iii) Noted that Helen Jenner, Corporate Director of Children's Services, would provide details of the Barking and Dagenham (BAD) Youth Forum to Healthwatch in order that young people's views can be part of the Healthwatch engagement process; and,
- (iv) Asked Healthwatch to provide further clarification, at a future meeting, into the mix and number of individuals and cohort(s) they consult and how they can improve on the 'hub and spoke' method of working.

## **5. BHRUT Improvement Programme**

Steve Russell, Improvement Director of Barking Havering and Redbridge University Trust (BHRUT), presented a report on the Care Quality Commission (CQC) Inspection of the BHRUT Hospitals in October 2013 and the CQC report which was published in December 2013. As a result of the Inspection, the CQC had recommended that the BHRUT be placed into special measures and that significant improvements were required; particularly around the emergency care pathways, governance, organisation / structures and processes to drive improvements in the quality of services.

The Board were apprised of the Improvement Plan which BHRUT had drawn up and the five key areas of ensuring the services are safe, effective, caring, responsive and well lead and the progress that had been made and work that was ongoing. Mr Russell made particular comment in regards to:

- Consultants would now be part of the patient process much earlier in emergency treatment.
- 600 people had been trained / retrained in sepsis management and treatments.
- The ethos of the organisation is being changed to be more outward facing and staff are realising the need for joined up working with partner organisations and services.

Mr Russell stressed that special measures had allowed extra support and expertise to be levered-in to progress the required improvements. There was now strong clinical and managerial leadership and changes were being made organisationally for success. The most potent factor was that the attitude of staff had changed and they were now much more open and receptive to innovation and the development of the Action / Improvement Plan with the wider health sector.

Matthew Cole, Director of Public Health LBBB, said that the Improvement Plan seemed to be very medical based and asked if were BHRUT satisfied that the organisation had enough support and services for mental health issues. Mr Russell responded that the BHRUT is keen to develop mental health provision and with NELFT, and would welcome input from partners.

Helen Jenner, Corporate Director of Children's Services LBBB, said that the work that was being undertaken on the Improvement Plan was to fix the problems found by the CQC inspection at that time, however, there would be a massive change in demographics in the next few years and she asked if the improvement plan would be the only way of moving things forward or if emerging issues could also be given resources. Mr Russell indicated that they were more aware of such pressures and would work on these issues as well as the response to the Inspection.

Councillor Carpenter, Cabinet Member for Education and Schools LBBB, indicated that she felt that the Improvement Plan was better presented but was still concerned that in the past organisational culture issues had caused blockages to improvement at BHRUT and asked Mr Russell why it would be different this time.

Mr Russell responded that the clinical directors, senior clinicians, operational managers and matrons were now talking about the Improvement Plan as their Plan. The Plan had been compiled in a different way, with much more ground up consultation and suggestions. There was still work to do in rolling out the changes, but cultures and attitudes were beginning to change.

The Chair commented that budgets had been top sliced by NHS London but the benefits had not seemed to materialise in the east of London. John Atherton, NHS England, said that he felt broadly the Improvement Plan was right, it was linked with the right partners and there was a good timescale for change and pace for improvement, bearing in mind the Government agenda and funding issues.

The Chair said felt there were two bits missing, the problems with the building itself at Queen's Hospital and how we would change the behaviour of the public choosing to go to Accident and Emergency (A&E) because other services are not easily available.

Mr Russell accepted that the building was not optimal at present and that they will

be looking at the redesign of A&E in the future. Work also needed to be done in regards to transporting people to hospitals, and the mindset of being within hospital walls to get treatment when a paramedic /mobile doctor 'in home' service could reduce the number of people taken to hospital.

Dr Steven Burgess, Interim Medical Director BHRUT, stressed that they know they have much more to do but the development of the plan had been at the shop floor and there was a definite culture change taking place following the introduction of the 'PRIDE' Programme.

Frances Carroll, Healthwatch, commented that the over use of A&E at both Queen's and King George Hospitals clearly indicated that there was a need to look at the primary care sector first and GP services and appointment availability, as well as provision at weekends when GP surgeries were not open. Steve Russell advised that even if the primary care was better it would still not solve all the issues as there was still a need to change the public's perceptions and expectations.

Sharon Morrow, Chief Operating Officer B&D CCG, said that it was important that the various partners were aligning plans so that they were all working towards common goals and service provision and this had begun to happen.

The Board

- (i) Noted the Improvement Plan; and,
- (ii) Requested BHRUT to report back to the 28 October on the progress being made against the Improvement Plan and any further actions being taken.

## **6. Joint Assessment and Discharge Service**

Bruce Morris, Divisional Director Adult Social Care LBBB, reported on the work that had been undertaken in regards to the development of a Joint Assessment and Discharge (JAD) Service by the partners. The new service had become operational on the 2 June 2014 and was now a single point of contact for all referrals of people who may require health and / or social care support at the point of discharge from hospital, whether that be at home or in residential or nursing care. The service structure was in place, with one qualified worker per ward. Mr Morris advised that ICT issues for the service still needed to be resolved, but were being worked upon, and the service needed to be co-located to improve communication between staff and other services.

The Board noted:

- (i) The progress that had been made on the Joint Assessment and Discharge Service; and,
- (ii) It was anticipated that BHRUT would make the necessary arrangements for a co-location site for the Joint Assessment and Discharge Service staff to be available shortly.

## 7. Addressing Variation in Primary Care Performance

Neil Roberts, Head of Primary Care NHS England (London Region, North Central and East), presented the report on the variation of primary care performance, and how it is identified and handled, together with details of the GP standards outcome and other key data.

The details set out in the report also provided areas for consideration in relation to the Board's due diligence role, particularly in regards to contracts offered to GPs and pharmacies that the local authority commissioned. The value of the contract was £8bn and that GPs were independent contractors and not employees of the NHS. Funding had been targeted at areas where performance has been poor and that had recently been other areas of London. There was also a five year strategy, which included the establishment of a Primary Care Transformation Programme, and they were also looking at co-commissioning projects between the three CCG.

Mr Roberts went on to inform the Board it had not proved possible to have a national standard, therefore, a London-wide standard had been developed. They were also looking to further develop 17 aspirational standards at the moment.

Matthew Cole asked how this work responds to the Francis recommendations and in regards to individual performance if they felt they had included the 'Francis' recommendations in relation to safeguarding and was advised that they had not done so as the GP contract is limited on safeguarding and there is more in CQC registration. Mr Cole and Councillor Carpenter both asked if it was not more appropriate to suspend somebody accused of a serious allegation whilst they were being investigated. Mr Roberts explained how they would investigate and if necessary suspend a specific person and how the statutory process is then followed.

Dr Mohi, Barking and Dagenham CCG, advised that there had been difficulties in regards to communication in the past but this had improved as of late. The ability to obtain a GP surgery appointment was known to reduce the likelihood of a hospital A&E attendance so it was important that issues such as appointments and later opening need to be considered by NHS England when drawing up contracts or co-commissioning as this could have both a serious and long-term effect on the overall standards being provided.

Anne Bristow, said there seemed to be little in the way of patients voice in the process. Mrs Bristow indicated she had particular concern that NHS England had not taken the Francis recommendation to the core of their operation and stressed that investigation systems need to be in place, especially for vulnerable adults. Mrs Bristow added that this may be an issue that the Board might wish to lobby on in future.

The Board:

- (i) Noted the report from NHS England;
- (ii) Expressed concern that the issues relating to GPs in the Francis Report had not been addressed by NHS England;

- (iii) Asked NHS England to revisit the arrangements with GPs in relation to Safeguarding issues as problems with accountability were still being encountered; and,
- (iv) Recognised the resource limitations for effective oversight of work done by GPs, but asked that NHS England consider what positive action might be taken to embed good practice as part of future commissioning and monitoring of contracts and report back to the Board in due course.

## **8. Mental Health Tariff**

Deferred to the 29 July meeting.

## **9. Annual Health Protection Profile**

Dr Tania Misra, Consultant in Communicable Disease North East and North Central London Health Protection Teams, gave a presentation on the Annual Health Protection Profiles for the area. The report provided information on the legislative framework, local health protections arrangements and the local profile in regards to infectious disease notifications, outbreaks and health protection incidents during 2013. The highest rates of notification had been in campylobacter (which causes gastro intestinal infection / food poisoning), Mumps, Salmonella (gastro intestinal / food poisoning), Measles, Whooping Cough, Streptococci infections (sore throats / scarlet fever / septicaemia). The report also provided details on Tuberculosis, sexually transmitted infections, HIV and other healthcare associated infections and the implications of those for the area.

Dr Misra advised the Board that there had been some difficulty in obtaining up to date data in regards to immunisations and in some instances the report contained details that were currently two quarters behind. The immunisation rates for the Borough had indicated a general decline in take-up for children under 5, resulting in the Borough being both below local and national average. The seasonal influenza immunisations for those over 65 (or with an underlying medical condition) had improved and were at 71.2%, but this was still short of the national average. However, the HPV uptake had been good with higher coverage than the region for both the first and second doses.

The Board :

- (i) Noted the continued importance of Health Protection issues within the Borough, especially in relation to Sexually Transmitted Infections and HIV, Healthcare Associated Infections and vaccine preventable diseases (VPDs) such as Measles, Mumps and Pertussis.
- (ii) Accepted the Director of Public Health's advice and agreed that NHS England be asked to provide further information to the Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.
- (iii) Noted the provision of appropriate HIV testing services needs to be considered. National advice is that, when the diagnosed HIV prevalence is greater than 2 per 1,000, routine HIV testing for all general medical

admissions and for all new registrants in primary care should be undertaken. Borough prevalence is at this level and therefore routine testing should be implemented.

- (iv) Noted the need to increase effort to prevent Health Care Associated Infections through key initiatives such as the appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and training in infection prevention and control for all care providers be included in the refresh of the Joint Health and Wellbeing Strategy.
- (v) Requested the 15 to 20 age group statistics to be broken down in regard to sexually transmitted infections (STIs) and for this information to be provided to the Corporate Director of Children's Services and brought specifically to the attention of secondary schools and colleges.

## **10. Transforming Services, Changing Lives in East London**

The Board received the report from Barking and Dagenham CCG on the real challenges of providing care for a growing local population, whilst continuing to meet the health needs of some of the most deprived areas in the country. Resource restrictions will require both different and innovative ways to ensure care is provided to meet the needs of Waltham Forest, Tower Hamlets, Newham Redbridge and Barking and Dagenham CCGs and NHS England. As a result a clinical transformation programme called Transforming Services, Changing Lives, was established. A key element of the programme was to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health and Homerton hospitals and how this would fit in the context of local plans to further develop and improve primary, community and integrated care services. The work started in February 2014, had its public launch in April and is expected to run until September 2014.

The Board:

- (i) Noted the report and expressed concern that the lessons from earlier consultation on such changes do not appear to have been learned; and,
- (ii) Requested that in future the Board is part of the consultation earlier in the process as this would enable the Board, and its wider partner organisations, to influence the business case in regards to any service or provision changes.
- (iii) Noted that an update report will be presented in September.

## **11. Developing the Health and Wellbeing Board**

The Board:

- (i) Noted the headline findings of the January Development Day;
- (ii) Noted that the Executive Planning Group are working through the detailed findings;
- (iii) Agreed that Board Members should forward any further ideas or

suggestions that they may have to the Executive Planning Group (via Anne Bristow) to inform ongoing planning;

- (iv) Noted the proposal for two further Development Days in 2014/15 (provisionally 6 October 2014 and February 2015) to continue the Board's development; and,
- (v) Noted the need to return their survey on Peer Review.

## **12. Waiver of Contract Rules: Public Health Chlamydia Testing Contract Extension**

Further to Minute 96, 11 February 2014, the Board received the report from Matthew Cole, Director of Public Health LBBB, which requested a further extension of one of the contracts to enable the effective integration of services and partnership working. The Board's approval was required under the Council's Contract Rules, as set out in the report.

Accordingly the Board:

- (i) Agreed to the extension of the Chlamydia Testing Contract for a further six months by a Waiver under Contract Rules 6.6.8, to permit the extension of the Chlamydia Testing contract with the current provider, Terrence Higgins Trust, for an additional six months to 30 September 2015, with a break clause at six and twelve months.
- (ii) Authorised the Corporate Director of Adult and Community Services, on the advice of the Director of Public Health, and in consultation with the Head of Legal and Democratic Services to extend the contract with Terrence Higgins Trust.

## **13. Urgent Action: Implementation of Matters Scheduled for Consideration by the Health and Wellbeing Board on 25 March 2014**

The meeting of the Health and Wellbeing Board on 25 March 2014 had been inquorate and several items of business on the agenda for that meeting required decisions to be made which were of significance and which could not wait until the next scheduled meeting on 17 June 2014.

The Board noted that under the Council's Urgent Action provisions the following matters were formally approved by Chief Executive on Wednesday 26 March 2014.

### **(i) Better Care Fund Final Plan**

- (a) Agreed the Final Plan as set out at Appendix 2 to the report on the 25 March agenda, in the context of the remaining issues that are discussed in Section 4 of the report.
- (b) Delegated authority to the Corporate Director of Adult and Community Services, acting on behalf of the Council, and the Accountable Officer acting on behalf of Barking and Dagenham Clinical Commissioning Group (CCG) to approve the Final Plan in the light of any outstanding matters

arising from the Board's discussions.

**(ii) CCG Strategic Plan / Operating Plan**

- (a) Agreed, on advice of the Corporate Director of Adult and Community Services, to the proposed outcomes and related trajectories as set out in the CCG's strategic plan and operating plan
- (b) Delegated authority for final approval of the trajectory relating to the years of life indicator to the Director of Public Health for LBBD and the Chief Operating Officer for the CCG
- (c) Agreed the proposed increase in medication errors reporting in the Operating Plan (as set out in paragraph 5.5 of the 25 March agenda item)

**(iii) Transfer of Health Visiting Commissioning**

- (a) Agreed the initial transition programme

**(iv) Care City Proposal**

- (a) Supported the development of the Care City concept in Barking and Dagenham;
- (b) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Head of Legal and Democratic Services and the Chief Financial Officer, to negotiate and enter into a partnership arrangement between the Council and NELFT in accordance with Section 75 of the NHS Act 2006;
- (c) Delegated authority to the Corporate Director of Adult and Community Services to finalise the related arrangements for the interim collaboration "lab" in 2014/15, including up to £300,000 of funding from the Public Health grant for set up costs, and £72,000 from the Adults and Community Services reserve, if needed for funding the first year of rent.

**(iv) Learning Disability Section 75 Agreement and Challenging Behaviour Plan**

- (a) For the Section 75 commissioning agreement:

Approved the proposed partnership arrangement between the Council and the CCG in accordance with Section 75 of the NHS Act 2006, and the proposed arrangements in respect of the associated contracts with service providers on the integrated service provision as detailed in this report;

Approved the extension of the Section 75 agreement and associated service provider agreements following the initial three year term by agreement between the Council and the CCG;

Delegated authority to the Corporate Director of Adult and Community Services in consultation with the Head of Legal and Democratic Services, the Chief Finance Officer and the Cabinet Member for Health as necessary,

to conclude the negotiation and execution of the Section 75 agreement and other contracts associated with this agreement.

- (b) For the Challenging Behaviour Joint Strategic Plan:

Approved its adoption and implementation

**(v) Mental Health Section 75 Agreement**

- (a) Approved the proposed partnership arrangement between the Council and NELFT in accordance with Section 75 of the NHS Act 2006;
- (b) Delegated authority to the Corporate Director of Adult and Community Services in consultation with the Head of Legal and Democratic Services and the Chief Finance Officer, on the Council's behalf, to conclude the negotiation and execute the Section 75 agreement, in consultation with the Cabinet Member for Health as necessary.

**(vi) Supporting Living Tender**

- (a) Approved a waiver of contract rules to extend existing contracts with Look Ahead and MCCH for a further period of four months (to 31 January 2015) based on the tender timetable set out in the report on the 25 March agenda, and to authorise the Corporate Director of Adult and Community Services to make the necessary arrangements;
- (b) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, to proceed to tender in line with the process described in outline and on conclusion of the necessary modelling.

**14. Sub-Groups Reports**

At each meeting each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Health and Wellbeing Board.

The Board noted the update provided in the report in regard to the Children and Maternity Sub-Group and the Public Health Programmes and also the reports attached as Appendices for the:

- Integrated Care Sub-group
- Learning Disability Partnership Board
- Mental Health Sub-group.

**15. Chair's Report**

The Board received and noted the Chair's report, which included updates on:

- Care Act
- Prime Ministers Challenge Fund
- New Chief Executive Appointment at BHRUT

- Carers' Strategy
- Clinical Commissioning Group Board Appointments
- Mapping Health and Wellbeing Board priorities
- Better Care Fund Update
- Current Status of Care City

## **16. Forward Plan**

### The Board

- (i) Noted the draft Forward Plan for July and that items had been added since publication of the agenda and that the deadline for changes or additions for any items to be considered at the 29 July meeting or later was 27 June 2014.
- (ii) In view of the Board concerns over the number of items for the 29 July meeting Anne Bristow, Corporate Director of Adult and Community Services advised that she would review the Forward Plan with partners to see if it was possible to defer any items to a later date in order to even out the workloads for the next couple of meetings.