

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 9 September 2014
(6:00 - 8:47 pm)

Present: Dr Stephen Burgess, Cllr Evelyn Carpenter, Anne Bristow, Helen Jenner, Matthew Cole, Chief Superintendent Andy Ewing, Marie Kearns, Dr John, Dr Waseem Mohi (Deputy Chair), Jacqui Van Rossum, Martin Sheldon, Cllr Bill Turner and Cllr Maureen Worby (Chair)

Also Present: Cllr Eileen Keller

Apologies: John Atherton, Conor Burke and Cllr Laila Butt

36. Declaration of Interests

Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation), NELFT, declared a pecuniary interest agenda items 6, 7 10 and 11 as NELFT are providers of services associated with those items.

37. Minutes - 29 July 2014

The minutes of the meeting held on 29 July 2014 were confirmed as correct.

38. Vision and Priorities for the Borough

The Chair, Councillor Maureen Worby, presented the report on the proposed Vision and Priorities for Barking and Dagenham, which set out the aspirations and ambitions of the new Administration to encourage civic pride, social responsibility and growth. The Chair stressed the Borough had the space, passion and ability to deliver growth. The regeneration would include both aspirational and affordable housing, improved employment opportunities and hopefully improved transport links, such as the extension of the Gospel Oak Line, over the next five years. Once the Vision and Priorities were agreed by the Assembly, an Action Plan would be developed to drive projects forward.

Helen Jenner, Corporate Director of Children Services, added that the Vision was aspirational and was set to create a strong mixed borough with improved income, health and educational attainment.

Steven Burgess, Interim Medical Director, Barking Havering and Redbridge University NHS Hospitals Trust, commented that the aim to provide 10,000 extra jobs, 17,000 new homes and with an anticipated 50,000 population growth, planning for service delivery would be essential as this level of growth would certainly have an effect on primary and secondary health care and school place numbers. The Chair agreed and said this was why the Vision and Priorities were being brought to the attention of the partners at this stage to ensure that the services were in place as the aims become realities during the next five years.

The Board:

- (i) Noted the strong position of the Borough for growth and the need for joint infrastructure and service provision planning by the Council and its partners to ensure the facilities would come on stream as the growth, such as new housing and increased population, occurred.
- (ii) Requested further reports and Action Plan(s) be reported to the Board over the coming year or two to enable partners to be fully informed on the timescales and progress of developments in order that this can be fed into each partner's resource planning for future service demands and to enable the partners to report back to the Board on their proposals and preparations.

39. Transforming Services, Changing Lives in East London

Councillor Turner arrived during this item.

Richard Dale and Yasmin Peiris from the Transforming Services, Changing Lives Programme (TSCL) Team presented the report and explained the inception of the clinical transformation programme and its aim to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health Hospitals in the context of challenging financial changes and the need to find more than £400m savings in the next five years. The work programme was launched in February 2014 and was expected to run until October 2014, following which a baseline assessment of the drivers for change for the local health economy would be drawn up in order to inform further discussions about the scope, scale and speed of change that would be needed. The introduction of NHS111, integrated care and personal health budgets were just some of the changes to the health economy that had occurred recently. The principles of the Francis Report together with national and international best practice would be at the heart of developing the case for change.

The governance arrangements for the programme had been established and this included a Programme Board, Clinical Reference Group and its six working areas and Public and Patient Reference Group. The full details together with the engagement and consultation that the TSCL intended to undertake were set out in the report and the 'Interim Case for Change' could be viewed at the web address provided in section two of the report. Comments could also be made via that link.

The health challenges across the boroughs and the 34% population growth that was anticipated made planning for both treatment and preventative health an issue for all stakeholders, which may require adapting and delivering services in a different way. Staff also needed to be engaged in the process and empowered to make changes.

There was an acknowledgement that there are some excellent services but they are not always consistently provided across the borough. The health estate and technology systems also needed to be upgraded to enable different and efficient ways of working.

Helen Jenner, Corporate Director of Children's Services drew the Boards attention to the need for clarity as the report seemed to be more about inner east London and the Bart's NHS Trust and not the whole of East London or LBBDD provision.

Anne Bristow, Corporate Director of Adult and Community Services, pointed out

that the report was NHS focused and did not seem to exhibit the integration thrust that is being required under the Better Care Fund, Care Act, Children and Families Act, Department of Health Policy and Barker Commission report .

Marie Kearns raised the issue of access and transport and the additional resources that would be required from the Ambulance Service. The Chair supported the concerns about transport links and said that real life travel issues from LBBB to King George's site caused genuine difficulties for both patients and visitors.

Councillor Carpenter questioned whether there proposals in the report would result in sufficient drive to address the mental and physical health inequalities in funding and service provisions. The TSCL team response was that this has been identified as an issue but potential solutions were still being looked into.

The Board was advised that the LBBB Health and Adult Services Select Committee will be scrutinising proposals, and the public would be able to attend that meeting.

The Board noted that at this stage recommendations were not being set out and accordingly

The Board commented:

- (i) Improved clarity was required in the appendix to the report as only some of East London is included, as some of the sections / services in the report LBBB are not included or only part of LBBB is included.
- (ii) References to the safeguarding needs and practices, following the Francis report, need to be more pronounced.
- (iii) Concerns were raised around the accessibility and quality of transport links for residents of LBBB when travelling to clinics or visiting patients.
- (iv) Due to the lack of parking around, St Bartholomew's, The Royal London, Homerton and London Chest hospitals, more patients would require ambulance transport, as patients own transport would not be feasible. The journey times for LBBB residents would be longer. This would have resource implications for the Ambulance services.
- (v) The document seemed to be a stand alone NHS document, which did not seem to equate with the drive for integration under the Better Care Fund, Care Act, Children and Families Act, Department of Health Policy and the Barker Commission report, which had been published last week.
- (vi) There needed to be recognition that a 'one size fits all' approach is not appropriate and what may be suitable for a neighbouring borough, or even a borough of similar make up, does not always work in LBBB.
- (vii) The need to ensure parity of treatment and funding to achieve a holistic approach to mental and physical health.
- (viii) In regards to the £400m savings it should be reworded to reflect improved

quality and productivity savings.

- (ix) There needs to be more data and analysis to back up the statements in the report. A number of broad brush statements were being made but they are not being expanded to deal with peoples experience, for example young people's experience of the health service is not good.

40. Life Study - New UK Birth Cohort Study

Deferred to 28 October 2014 meeting

41. Intermediate Care Better

Dr John, Clinical Director, Barking and Dagenham CCG presented a report on the trial of two new home based intermediate care community services and the case for change based upon evidence gathered through the trial, which had started in November 2013, of an expanded community treatment team (CTT) and the new intensive rehabilitation service (IRS). The report and presentation provided details of the pre consultation business case and consultation period, which would end on 1 October 2013.

Dr John stressed that both the CTT and IRS had been well utilised during the trial, with both services performing above expected activity rates. Patients had been able to access IRS and community beds within an average of 2 days from referral, as opposed to 5 days before. The service provides short-term support for people experiencing a short-term health care crisis and 34% of referrals to CTT are from the patients themselves or their carers and family. 90% of patients receiving care from CTT and IRS are supported at home and do not require admission to hospital and 94% of patients referred to IRS had improved outcomes. Since the launch, the service had seen an increase from 2,100 to over 7,000 people being seen. In addition, the admissions to acute care have been reduced, when compared to bed based services. Dr John explained that services, such as physiotherapy were provided in people's homes, and there was international evidence to suggest that patient outcomes are much improved when services are delivered in patients home environments.

The 12 week consultation period included on-line questionnaires and face-to-face events. The event for Barking and Dagenham would be held on 11 September at the Barking Learning Centre.

Dr John then advised that there was an issue with the empty bed rate, the details of which were set out in the report, and they were looking at a number of options but that any decision would be tempered by affordability and funding available, however, King George's Hospital was the only site that could accommodate the bed numbers needed.

The Chair raised a number of concerns in regards to the differences between the three boroughs not being recognised, an increasing and ageing population in the borough and, if the service closed, what would happen to the clinics and Gray's Court buildings. The Chair also stressed that access to King George's Hospital is a major issue for LBBB patients. Dr John accepted that the points were valid but the proposal to remove beds from Gray's Court was based on getting patients better quicker. Dr John stressed that it was an issue of clinical safety as there is

not enough clinical support at Gray's Court, particularly overnight, and if people deteriorated they would have to be moved to another hospital: whereas if they are on a site with more clinicians it would remove the need for an emergency ambulance transfer and the need to go through processing on arrival at the A&E. Clinicians were advising that the safest way to provide high quality care is by having bed services in one place, as running one unit would enable staff to be used more efficiently and flexibly.

Councillor Keller, Chair of Health and Adult Social Services Select Committee, commented that living space standards could be an issue and this had been discussed at an earlier Select Committee, for example Havering have larger and more modern housing, the smaller living areas in older LBBB properties could make it difficult to treat people well in their own homes.

Helen Jenner, Corporate Director of Children's Services, stated that there had been research evidence in regards to the importance of visits from friends and relatives to patient's wellbeing and she felt that option 3 might be the best option.

Anne Bristow, Corporate Director of Adult and Community Services, stated that at the end of July assurances were being given about sufficient cover, except for stroke care, at Gray's Court that now seemed to have been misleading. Anne Bristow added that even if you travel by car to King George's Hospital the walk from the car park to the wards is considerable and could be prohibitive for elderly, frail or disabled visitors.

The Chair and Anne Bristow raised concern about the comment on the safety level at Gray's Court. Their concerns were that if these plans were eventually agreed they will not come to fruition for some time and both wanted to know what was being done to ensure that Gray's Court was safe now. Dr John assured the Board that the facility was safe but that faster clinical care could be delivered if the beds were at King George's Hospital. Jacqui Van Rossum, NELFT, added that if a patient became acute overnight they would not need 'a blue light' move to a hospital, and that would reduce the stress on both the patient and family.

Steven Burgess, Interim Medical Director, BHRUT advised that of the 104 beds only half of them were regularly used. King George's site already had 60 beds, which would cover the demand and in his view it made clinical sense to amalgamate the beds on the King George's Hospital site.

Martin Sheldon, Deputy Chief Officer, CCG, stressed that this trial had been a success, with more patients being seen and helped and that they had more positive outcomes: this was being reflected in the positive responses and by the referrals from carers and patients themselves.

The Chair stressed that she was extremely disappointed that this is the second proposed closure of a local service in the Borough since the inception of the CCG.

Councillor Turner commented that it would be extremely helpful if the CCG and BHRUT dealt with the issue of recruitment of high calibre staff at all levels as a way of improving service provision across all services.

Councillor Turner made a point about the broad brush statement about 'some poor areas of care' and the analysis that had been done needed to be reflected in the

report. Councillor Turner added that the lack of data or detailed information, was not conducive to understanding or in enabling informed discussions.

Christine Brand, a member of the public, commented on the need to ensure a better overlap in service provision and support between physical wellbeing and mental health services for the elderly, who by the nature of the services, were the majority of users of these services.

Having discussed the trial and proposals, including the transfer of care beds to King George's, noted that the Board's points will be taken back to the Programme and that a more formal response will come from the Council's Health and Adult Social Services Select Committee.

The Board commented:

- (i) There are three different boroughs, each of which had their own diverse and different needs, and that needs to be acknowledged.
- (ii) In the Council's view, shutting the service at Gray's Court at time of a growing population and an increasingly ageing population was short-sighted.
- (iii) Clarification was needed in regards to the future of the clinics that operate at Grays Court and the Gray's Court building itself.
- (iv) LBBB residents find it difficult to get to King George's Hospital.
- (v) The beneficial effect of visitors to a patient getting well could be lost if relatives, especially older residents, could not travel to visit patients.
- (vi) The drive to provide more care in patient's homes may be more difficult in LBBB, as the space in the older LBBB properties was not as generous as the 60s and 70s builds in Havering.
- (vii) There had been assurances that Gray's Court service was safe and there had been categorical assurances of overnight clinical cover, with the exception of stroke cover, and now feel the Council feel it had been very misled.
- (viii) This was the second facility closure since the inception of the CCG and both facilities had been in LBBB.
- (ix) The recruitment of high calibre staff at all levels still needed to be resolved.
- (x) There was insufficient detailed data to enable discussions to be informed and meaningful.
- (xi) Based upon the evidence currently available the Board would prefer Option 3, which was provision on three sites.

42. Dementia Needs Assessment

Matthew Cole, Director of Public Health, presented the report and explained that a national challenge had been set by the Prime Minister in 2012 to improve dementia diagnosis and care. In order to assess current and future service needs the Office of Public Management (OPM) had been commissioned to deliver an assessment of local need, services and areas of improvement. Details of the methodology and consultations undertaken were set out in the report.

It was estimated that in the Borough 1,537 people had dementia, but only 669 were diagnosed and recorded on GP registers. It was expected that locally the number of people with dementia would grow by 10% over the next 10 years. It was clear from the OPM report that there would be required to improve upon both detection of those with dementia and the support and services provided.

Matthew Cole advised that the report had now been to both the Integrated Care Sub-Group and the Mental Health Sub-Group and the Action Plan had been agreed with the Chair.

Councillor Carpenter drew the Board's attention to section 3 of the report and the comment *'that the number of people with dementia in LBBB will rise by approximately 10% over the coming decade; however this increase is much steeper in the 90+ age group, with the number of people with dementia in this age group increasing by 50% in this time'* and asked if this was in line with trends elsewhere. Matthew Cole responded that the borough is anticipating higher levels: due to its higher prevalence of poor general health and higher levels of risk factors for vascular dementia, such as heart disease, diabetes and smoking rates.

Councillor Carpenter also asked for clarification in regards to the Action Plan in regards to increasing the capacity of hospital specialists and also the Admiral Nurses and memory services. Matthew Cole confirmed that Admiral Nurses had been commissioned and explained that there would be commissioning implications in regards to the availability of trained staff in future years and added that in preparation for this BHRUT had placed a greater emphasis on training hospital staff and had introduced screening for all over 65 year olds that were admitted to hospital. Matthew Cole added that there was also a greater awareness of dementia in the borough and people were beginning to be assessed and diagnosed in the early stages.

In response to a question from Helen Jenner, Corporate Director of Children's Services, Matthew Cole confirmed that there were no additional financial implications to those already provided for in the five year plan.

Dr Mohi commented that work would be needed, in association with GPs, on identifying patients earlier, as early identification could have improved patient outcomes, however, this would have resource implications as an increased number of patients progressed through the support systems. Anne Bristow agreed that this could be the case but felt that there was undoubtedly money being spent on people who had been given the wrong diagnosis, and this was especially important where an earlier correct diagnosis would have been more productive and cost effective in the long-term.

Councillor Turner apprised the Board of the work that was undertaken by the

'Magic Me' charity in providing interaction between children and older adults in care homes and the benefits this had to wellbeing and intergenerational understanding.

Steven Burgess stated that he felt a good start had been made. The assessments were indicating that some 25% of acute patients admitted to hospital had some form of dementia. Training, the blue butterfly system and feeding buddies was improving understanding of dementia within BHRUT, especially on-wards. Steven Burgess added that Guys and St Thomas hospitals are leading centres for dementia and work would be undertaken with them to share knowledge and good practice, in addition he would see if a presentation he had seen by them could be shared with the Board at a future meeting.

The Board:

- (i) Endorsed the Action Plan, set out in Appendix 1 to the report;
- (ii) Requested the Integrated Care Sub-Group, with support from the Mental Health Sub-Group, to lead and review progress against the Action Plan and provide updates in line with the Better Care Fund;
- (iii) Requested the Director of Public Health to investigate the use of the 'Magic Me' charity project in LBBD; and,
- (iv) Noted that update reports would be presented to the Board.

43. Better Care Fund Update

Glynis Rogers, Divisional Director Community Safety and Public Protection and Sharron Morrow, Chief Operating Officer Barking and Dagenham CCG, jointly presented the report and reminded the Board of the background to the Better Care Fund (BCF) that had been announced by the Government in June 2013 and how it provided an opportunity for the Council and CCG to use existing funds to work together to transform local services and accelerate the progress towards integration.

The plan for the BCF, which focused on the 11 individual schemes, had been approved by the Board and was submitted to NHS England and LGA on the 4 April and positive feedback had been received. Since then new guidance had been issued, which had required further work to be undertaken to produce a revised BCF plan for submission by 19 September 2014. However, a major component of the resubmission was the need to agree a target for reducing 'avoidable emergency admissions to hospital' against a national target of 3.5% of all admissions. In this target area Barking and Dagenham had provided good performance over recent years. The further requirements from the NHS were in regard to national assurance process and nationally. The £1m performance related funding was attached to 3.5% performance and a £2.% performance would result in a £400,000 less funding. Providers were required to sign off the revised plan including the target on admissions.

The Chair commented that she had seen the Better Care Fund as being a great opportunity for different and innovative ways of working, but then the rules had changed and decisions were now being restricted by constantly changing

guidance and had been undermined by the focus on hospital admissions. Martin Sheldon added that new guidance was being issued on a weekly basis and comments were constantly being fed back to NHS England, however, he felt if BCF ceased the projects that had been identified were sufficiently robust and would continue regardless of central guidance changes.

The Chair opened the issues for discussion and comments included:

Steven Burgess asked if a 2% target may not be considered stretching enough based upon the background of the BHRUT being one of the worst performing trusts in London at present. Discussion followed on the negative effect of setting a target that currently was not achievable and also on setting a target that was not stretching enough.

Dr John and Martin Sheldon both raised the effect of targets on A&E and admissions, which first and foremost had to be based on clinical decisions. Mark Tyson advised that support had been indicated from Consultants.

Councillor Carpenter asked for clarification in regards to support for family carers and engagement with local carers and in particular children who were carers. Sharon Morrow gave assurance that it did include young carers.

Councillor Carpenter raised concern about the time that it can take to arrange for appropriate equipment and adaptations so that people could be quickly supported to allow them to remain in their own homes and was advised that work was ongoing to streamline the referrals and that a project plan and scoping paper had been scheduled for the Integrated Care Sub-Group.

Having discussed in some detail the need for an achievable but stretching target, the Board:

- (i) Noted the progress on developing governance and management arrangements and endorsed the direction of travel for those;
- (ii) Noted the progress made in the delivery of the individual scheme plans, provided within Appendix 1 of the report;
- (iii) Agreed the approach for the target reduction in emergency admissions for the Barking and Dagenham BCF, and that the Board would wish this to be in the order of 2%; and,
- (iv) Delegated to the Corporate Director of Adult and Community Services on behalf of the Council to finalise any outstanding matters from the Board's discussions and to further test our approach against national assurance with the Accountable Officer on behalf of Barking and Dagenham CCG, with the Chair of the HWBB, prior to formal submission to NHS England.

44. Progress on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service from NHS England to LBBD

Matthew Cole, Director of Public Health presented the update report and advised of the progress that had been made in regards to the transfer in October 2015 of the Early Years Programme (Health Visiting Services) to the Council from NELFT.

The mandatory sections for consultation have been published and the due diligence process had now commenced. Assurances had also been given that resources will be transferred.

Helen Jenner, informed the Board about a meeting with NHS London and about data that had been received on the 8 September to which a response would now need to be provided by the end of September. Helen Jenner advised the details in regards to the management costs and any transfer of funding provision for those were still not known. However, it appeared that the Family Nurse Partnership funding may not be transferred to the Council.

As NELFT currently provide services across four boroughs, and each of those boroughs operated differently, there would also need to be consideration of how future contract(s) would operate. It was noted that LBBB had outstanding Children's Centres, which could provide a base for the service.

Marie Kearns, Healthwatch, commented that 43 health visitors was the same number as were in place over a decade ago, and was concerned that the increase in pressures had not been taken into consideration.

The Board was apprised on the actions being taken in regard to training of new Health Visitors. The funding assumption by the NHS was that all Health Visitors would be on a level 6 on transfer, however, there would be potential in the future to look at the skills mix to meet the needs of the Borough.

The Board:

- (i) Noted the progress being made to increase the Barking and Dagenham health visiting workforce in line with Call to Action numbers before the transfer in October 2015;
- (ii) Noted and reviewed the risks, as set out in the report and presentation;
- (iii) Commented that the contract currently operates across four different boroughs and each of the boroughs had their own way of operating. The contract would need to take this into account;
- (iv) Concern that 43 health visitors may not be sufficient, as this number had not risen over the past decade but the population had increased considerably, especially in the under 18 yrs category;
- (v) Noted the management requirements and grading mix of the staff would be looked at in due course; and,
- (vi) Requested the Cabinet Member for Children's Social Care to keep an overview on this issue on behalf of the Board between meetings.

45. Learning Disabilities Section 75 - Update

Glynis Rogers, Divisional Director of Adult and Community Services presented the report and updated the Board on the arrangements that had been negotiated with the CCG in regards to the main body of the Sections 75 agreement, the schedules and funding requirements. Glynis also gave assurance that the users and carer

groups and the Learning Disabilities Partnership Board were fully involved in the consultations.

The Board noted the report and:

- (i) The Section 75 agreement had still not been signed;
- (ii) The Joint Commissioner had now been recruited and would be in post in October 2014;
- (iii) The intention was to set up a shadow system between January and April; and,
- (iv) An update would be presented to the Board at its 9 December meeting.

46. Substance Misuse Strategy Board End Of Year Report 2013-14

Glynis Rogers, Divisional Director of Community Safety and Public Protection presented the report to the Board for information and advised that the report had previously been considered by the Community Safety Partnership. Accordingly the Board:

- (i) Noted and supported the work and actions taken by the Substance Misuse Strategy Board, as set out in the report;
- (ii) Noted the Community Safety Partnership had also received a report on the issues raised at its recent meeting;
- (ii) Noted there had been a significant improvement in children's referrals, which was evidence of the positive impact of the Substance Misuse Strategy Board; and,
- (iv) Noted a further report would be presented to the Board on New Psychoactive Substances once the scoping work and risks in the Borough had been identified.

47. Urgent Care Board Update

Anne Bristow, Corporate Director of Adult and Community Services presented the report. Anne Bristow and the Chair both raised as a matter of strong concern that despite Matthew Hopkins assurances, that accommodation for the Joint Assessment and Discharge (JAD) Service had still not been resolved and this did not equate to the assurances that were given at the 1 July launch on the importance that was being attached to this new service. Anne Bristow stressed that there was no need for all the staff to be co-located in one room but it was essential that basic health and safety needs were met and the staff at least had access to phone and computers.

The Board:

- (i) Noted the report and the strong concerns of the Council in regard to the unacceptable accommodation situation and lack of services, such as phones and computers, that the staff were being asked to operate under;

and

- (ii) Noted the assurances that Steven Burgess gave in regard to this being a high priority for BHRUT to achieve and that a report would be presented to the next meeting on action taken to resolve the situation.

48. Contract: Gateway and Recovery Drug Treatment Services - Request to Tender

The Council had provision in place for drug treatment services, two of those contracts would expire in March 2015. Due to future funding possibilities, the contract period for the new contract would be from April 2015 to March 2017, with potential to extend to March 2019. The contract value over the potential four years for the new contract would be in the order of £5m. The report also provided details and proposals for the new contract, including tendering and assessment criteria.

Councillor Turner brought to the Boards attention the statement in section 2.7 of the report in regard to the projected reduction of on-costs to the Council by £2.50 per £1.00 invested. Councillor Turner raised concern about how the figures had been arrived at and commented that if such statements are made then the underlying data must be robust and the savings genuinely achievable.

The Board:

- (i) Agreed that the Council proceeds with the re-procurement of the Gateway Service, as set out in the report;
- (ii) Agreed that the Council proceeds with the re-procurement of the Recovery Service, as set out in the report; and,
- (iii) Delegated authority to the Corporate Director of Adult and Community Services to conduct the procurement in accordance with the procurement strategy set out in this report, and award the contract, in consultation with the Chief Finance Officer and the Head of Legal and Democratic Services, to the successful bidders.

49. Contract: Care Providers for Home Care and Crisis Intervention - Request to Tender

The report provided details of the arrangements for care and support in the home, either through the use of personal budgets or managed personal budgets, as well as short-term non-charged for social care support provided upon discharge from hospital. The Council wished to invite homecare agencies to tender for delivery of these services and to establish an 'Approved List' of between 10 and 15 providers.

Helen Jenner asked if these contracts would be for adults only, or children and adults and was advised that these contracts would be care providers for home care or crisis intervention home support for adults only,

The Board was asked to consent to the issuing of tenders for those services and to delegate authority to award the contracts in due course, the details of which were set out in the report. Having considered the issue the Board:

- (i) Approved the procurement of Home Care and Crisis Intervention Services for Older People and Adult Physical Disabilities, on the terms detailed in the report;
- (ii) 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 award contracts to the successful bidders upon conclusion of the procurement process; and
- (ii) Waived the application of the Contract Rules until 31 May 2015, as detailed in the report, on the grounds that these are essential services and of a specialist nature, and to cease them would give rise to an emergency situation.

50. End of Year Performance and Quarter 1 Performance

Matthew Cole, Director of Public Health presented the end of year and Quarter 1 performance report and explained the outcomes against the local, regional and national performance comparisons.

Helen Jenner commented that Red-Amber-Green (RAG) rating was very useful in flagging risk and to enable consideration of those risks and what action should be risk taken to reduce risk.

Councillor Carpenter raised concern about the quite high incidence of tuberculosis (TB). Matthew Cole advised the Board that there was a London TB strategy and that action being taken included neo natal vaccination and the prevention and treatment process for at risk people / families.

Councillor Carpenter asked why screening for Chlamydia was not as high as other areas. Matthew Cole explained that there had been improvements in uptake but there was still a need to consider, as part of future commissioning, how this can be improved further. There could be no assumptions that actions taken elsewhere, which had increased testing rates, would have a similar effect in the Borough and further research was required to identify what we could do better in order to spread the testing message and improve screening rates.

The Board received the report and following discussion:

- (i) Noted the action that was being taken, especially in regards to Tuberculosis;
- (ii) Noted the Director of Public Health would undertake some research to try to ascertain why take up rates for screening for Chlamydia were below local and national average and what potential action that could be taken as part of future commissioning to improve screening rates; and,
- (iii) Welcomed Dr John's request to allow the CCG to share the report and information amongst GPs in the Borough.

51. Sub-Group Reports

Noted the reports and work undertaken by the:

- Integrated Care Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board
- Children and Maternity Sub-Group
- Public Health Programme Board

52. Chair's Report

The Board noted the Chair's report, including details regarding:

- (i) Alcohol Awareness Week – 17 to 23 November 2014
- (ii) Care Act Financial Modelling
- (iii) Launch of Our Market Position Statement and event held in July 2014
- (iv) Market Management Peer Review – would be taking place 7 to 9 October 2014
- (v) A New Approach to Cancer and Cardiovascular Care
- (vi) GP Patients Survey Results published July 2014. Noted that Sharon Morrow, CCG, would discuss the results with Marie Kearns, Healthwatch.
- (vii) Response from Dr Anne Rainsberry, Regional Director at NHS England, on the process for managing GP performance and engagement for safeguarding both children and vulnerable adults.
- (viii) Health and Wellbeing Board Away Day - Reminder that this would be on 6 October 2014
- (ix) 'Walk a Mile in Her Shoes' - 25 November will be the launch of this campaign against domestic violence and requested as many Board members and their colleagues as possible to attend.
- (x) 50th Anniversary of the London Borough of Barking and Dagenham - The aim is to encourage real life style changes and have one storyboard of the changes one family had made each week.

53. Forward Plan

The Board:

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and that there had been some changes and items added since the publication of the agenda; and,
- (ii) The deadline was 26 September to advise Democratic Services of any changes or new items to be considered at the 28 October Board meeting or later.

54. Rotherham Child Abuse Report.

Helen Jenner advised that the Rotherham Child Abuse report had just been published. At its next meeting the Children's Safeguarding Board would be looking at the report and its implications and recommendations.

The Board agreed it would wish to receive a summary report on the issues relevant to the Health and Wellbeing Board in due course.