

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 7 July 2015
(6:00 - 8:32 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Dr Nadeem Moghal, Chief Superintendent Sultan Taylor, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Helen Jenner, Cllr Bill Turner, Sharon Morrow, Marie Kearns and Gillian Mills

Also Present: Cllr Eileen Keller

Apologies: John Atherton, Frances Carroll, Dr John and Jacqui Van Rossum

1. Minutes - 12 May 2015

The minutes of the meeting held on 12 May were confirmed as correct.

The Chair advised that she would arrange for the London Ambulance Service (LAS) to be contacted with the hope that they could attend the next meeting of the Board.

2. Declaration of Members' Interests

There were no declarations of interest.

3. Developing a Mental Health Strategy

Mark Tyson, Group Manager Integration and Commissioning, LBBD, introduced the report and explained that it provided both an overview of the current situation and tied together the following two agenda items. There was also widespread national concern about the attention given to mental health services relative to physical health.

Mark advised that the Mental Health Sub- Group had been working to bring together a number of developments around mental health services including prevention, awareness and access to support. In addition, the Council had initiated a process for reviewing the model of delivery of mental health social care services in part as a response to a significant overspend by NELFT in the delivery of those services. The Better Care Fund Joint Executive was also seeking to initiate a review of services in regards to its Mental Health Outside Hospital Scheme as a way of informing future commissioning. In view of this and the challenging financial position of health and social care services, it had become obvious that a clearer strategy across the partners for the development of mental health support was needed. It was intended that Partners work together during August to address the challenges and on the report and paper attached; which was designed to start the discussion about the areas covered. Mark drew the Board's attention to the draft framework, set out on page 28 of the agenda, and the workshops that would be held during August, to look at the issues in more depth through the themes of 'my life', 'my home / community' and 'my care' and possibly commissioning.

The Board raised a number of issues, including:

- The £500,000 NELFT overspend and the discussions being held with NELFT on how this could be managed.
- The difficulties in obtaining accurate data on to the number of individuals being treated and by which services.
- The difficulties in getting people to come forward for support and treatment.
- The importance of putting the service user at the centre of all services and how this must be a core driver for the strategy. The impact on other people within service user's household also needed to be considered by the Partners. The Mental Health Sub-Group had service user involvement and these issues would be discussed there in more detail.
- The Borough currently had some service provision through the Richmond Fellowship contract. There was still a need for more mother and baby patient places.
- The number of suicides in the Borough was small so it was hard to detect trends.
- It was suggested that GP mental health training should be one of the issues considered in the Strategy. Cllr Keller, Chair of Health and Adult Services Select Committee, advised that the Scrutiny Panel on Mental Health had also identified the training of doctors as an issue.
- Mental health and physical health, were often intertwined and resultant from one another.
- A significant number of calls attended by the Police involved mental health issues and officers could attend the same person on a regular basis. The local custody facilities were now excellent and the Police often took people into custody as a place of safety. The Police felt that it was important that the right mental health support services were available and provided promptly, especially with less acute needs as this could avoid more severe symptoms developing, which could then lead to individuals needing to be taken to a place of safety.
- The timeframe required to produce the Strategy.

The Board:

- (i) Noted the proposed approach to strategy development outlined in the report, which would conclude with the Mental Health Sub-group being tasked with the development of a partnership mental health strategy for consideration by partners and the Board;
- (ii) Encouraged the participation of member organisations and partners in the summer strategy development sessions, and in particular to encourage an

open and creative engagement with the challenge of rethinking mental health services in line with the various policy directives set out, and to use this thinking to shape a future partnership mental health strategy;

- (iii) Agreed that whilst it was intended that the results of the work would be presented to the October 2015 meeting of the Health and Wellbeing Board, the work should be done thoroughly, rather than to a pre-set timescale; and,
- (iv) Concurred that GP training in Mental Health issues needed to be included in the Strategy.

4. Mental Health Needs Assessment

Matthew Cole, Director of Public Health, introduced the report, which provided information on the mental health needs of the child, adolescent and adult populations of the Borough and recommendations for discussion, with a view to the mental health services in the Borough moving towards parity of esteem with physical health services. Matthew drew the Board's attention to page 31 of the agenda and said that it was a telling statement the number of adults and children with mental health issues was not known, however, even from the data available it was certain that locally there was a much higher incidence of diagnosed psychosis than the England average.

Matthew stressed that this was not a service that was failing. Once people were in the system the outcomes were good. The problems were not getting people to ask for help early on and too few people were being diagnosed early enough at Primary Care level. What partners also needed to look at was a health economy that centred on outcomes. It was clear that the earlier treatment and support was started, the better the outcome was for the individual. It would help to keep young people in school and at home and this would have a significant impact on their future life chances. Keeping people functioning well and in employment also reduced homelessness and family breakdowns.

Discussion was held on how diagnosis and a working diagnosis in the young were recorded and on the possible delays between diagnosis and treatment, especially for the young people. Cllr Carpenter commented on the talking therapies and how access had improved with no significant waiting times to see therapists. Cllr Carpenter raised concern about mental health support for people from ethnic minority communities. NELFT responded that Improving Access to Psychological Therapies (IAPT) access level was 14% against a target of 15%. In addition, the outcome for NELFT was above national average, as the national target was seven days but in LBBD it was 3 days. The local services were one of the best in London.

Discussion was held on the inaccuracies in the data. NELFT advised that data was available and it could be provided and circulated to partners. There was clearly a need to do a matching exercise to see if individuals were being double counted or were missing from different partners' data.

Marie Kearns, Healthwatch, was concerned that there may be a blockage in the system which was causing delays to initial support.

Cllr Turner commented on the A&E presentations and felt that it was clear that

work needed to be done with BHRUT to ensure that there was much more awareness and training of mental health for local A&E staff. He felt it was important that there was a pathway through from A&E without referrals to GPs.

In response to a question from Cllr Turner in regards to the IAPT, Matthew Cole advised that the Clinical Commissioning Group (CCG) did not have any information on patient experience at the moment.

Matthew also advised on a pilot that was being undertaken and that the results of the pilot would be reviewed in October. Dr Moghal said that initial feedback from his colleagues was the pilot was having a positive effect and flows at the door were certainly better since the pilot started and he looked forward to seeing the results of the review.

Having received and discussed the contents of the report,

The Board:

- (i) Noted the changes since the April report, and in particular those set out in sections 3.5, 3.6, 3.8, 4.2, 4.3.4.4, 4.5, of the report;
- (ii) Directed the Mental Health Sub-Group to produce a detailed Delivery Plan to address mental health prevention, treatment and recovery services for adults and children in the London Borough of Barking and Dagenham;
- (iii) Requested six monthly progress and performance reports on the implementation of the Delivery Plan;
- (iv) Asked that a detailed understanding of the mental health needs of Barking and Dagenham children and adolescents be delivered through a children and adolescent mental health needs assessment; and
- (v) Requested that the Mental Health Sub-Group takes the recommendations of the Mental Health Needs Assessment into account when developing a Mental Health Strategy and looking at the future re-design of mental health services.

5. CCG Mental Health Commissioning priorities and investment 2015/16 - Crisis Care Concordat

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) presented the report and explained that it set out what the CCG needed to do to meet the national standards for Mental Health, which had recently been introduced, and the work that was being done in regards to the new guidance, which included standards for:

- Early Intervention in Psychosis (EIP)
- Improving Access to Psychological Therapies (IAPT)
- Liaison Psychiatry
- Eating Disorders.

Sharon advised the Board that CCG had signed up to the B&D Mental Health

Crisis Concordat and had put an Action Plan into place and that the three borough CCGs had also agreed a commissioning framework for mental health services from September 2014; the priority areas for which were set out in section 1.3 of the report. CCG had also undertaken work with NELFT to ensure the standards were met by April 2016.

Sharon added that positive changes had occurred. In regards to the existing commitment to increase dementia diagnosis rates, the CCG believe that they had met the 67% target this year. The IAPT targets had also been achieved for the year and whilst IAPT now had new waiting time standards to achieve, the waiting times in LBBDD were good so there was no expectation of problems in achieving the new standard. The 24/7 cover pilot had also been extended and feedback so far on the pilot had been positive.

Sharon drew the Board's attention to the Action Plan, attached as Appendix A to the report, and stressed that there would be a large amount of work for the Mental Health Sub Group in the coming months.

In response to a question from Cllr Turner, Sharon advised that there was no hard performance target for street triage. Whilst this was still in the early stages it was having an impact and had reduced the number of detainments under S136 of the Mental Health Act 1983. The Police agreed that they were finding the pilot very useful as it allowed officers to obtain information quickly and often reduced detainments under S136 and were pleased to see the pilot had been extended for a further three months. It had the potential to remove unnecessary detentions which was often a default point for the police when people were at crisis. It was noted that where an individual was not already known to Mental Health Services, street triage would undertake a follow-up of the individual seven days later. Anne Bristow commented that the place of safety at Goodmayes was exemplary and how decisions could then be made in regards to what support was needed for the individual. The Police advised that they followed a decision / audit process in their use of S136 detentions; however, due to excellent provision locally police custody was generally used less in the Metropolitan Police area than across the rest of the country. The Police pointed out there was currently discussion on a possible reduction of the hours that people could be held. Helen Jenner stressed that the work that LBBDD and the Police were doing together to improve outcomes for the individual was a good news story of real worth.

Dr Mohi commented that the IAPT statistics showed that NELFT had been a better performer and work was now being undertaken to educate GPs on what support was available and to assist GPs to improve the quality of care at their surgeries.

The Chair concluded by commenting that there was a need to bring the three strands together. Once the strategy was in place the Board could then look at the key issues and the data in depth and the role of the Sub Groups in delivery.

The Board:

- (i) Noted the new requirements for CCGs in relation to mental health access and waiting time standards;
- (ii) Commented on the priorities set out in the paper and associated issues; and

- (iii) Approved the Crisis Care Concordat Action Plan at Appendix A to the report.

6. Developing the Dagenham Primary Care Strategy

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) presented the report on the work that had been undertaken in the development of the strategy so far and its context in the national and regional level in regard to the delivery of accessible, proactive and coordinated care for all patients. Sharon explained that in order for the CCG to address the challenges the CCG was working with strategic commissioning partnerships and providers from across Barking and Dagenham towards a clear, coherent and achievable strategy for primary care transformation. The Strategy would outline the vision for primary care services in the Borough over the next five years and Stakeholder engagement was being held throughout the spring and summer, with the results being used to shape the final Strategy. The Strategy would be produced through three phases, the first phase was the development of the strategy through a bottom-up approach, the second phase would be looking at the vision and identifying the challenges and where the partners wished to be in five years time and the third phase would be the embedding and delivery of the strategy taking into account other transformational change programmes relevant to the delivery of planned and unplanned care services.

The challenges would include better IT usage, the need to increase staffing levels at Primary Care level and also reducing wastage. Matthew Cole advised that he attends the Transformation Group and this was looking at how to attract and retain GPs. Support from BHRUT and different ways of partnership working could alleviate pressures and improve expertise in the GP practices.

The Chair reminded the Board that in addition to the 55 to 60 GPs retiring in the near future, the Local Plan had identified the need for 20 more GPs due to the anticipated population growth in the Borough. The Chair added that the three CCGs were separate and she would not wish to see them merged as there was no one size fits all solution and the difference between neighbouring boroughs' needs and priorities could be vast; the documents need to clearly show the needs of LBBD. Dr Mohi agreed that services needed to ensure they had a local theme, were clinically led and met the particular needs of LBBD as the LBBD's needs were not the same as the rest of London or neighbouring boroughs.

Dr Moghal commented that was a need for organisations to keep challenging fortress mentality within their organisations and move towards partnership and relationship working. BHRUT was looking at how it could build on relationships with GPs and improve and contribute to the attractiveness of the area for GPs. BHRUT would report on aspects of this over the coming months.

NHS England was looking at improving GP Practices performance; however the national recommendations needed to be looked at in light of local priorities and needs.

Anne Bristow commented that partners now had the opportunity to think differently. The new development areas in the Borough would enable partners to look collectively at the best way to provided services to those areas and would allow

different ways of working to be trialled.

Cllr Turner raised the issue of growth over recent years and projected growth in resident numbers. The CCG accepted the point that projection had not been good in recent years but that the increases had been faster than anybody had expected, especially the number of children. The CCG accepted they needed to plan ahead more strategically and the Strategy was a way of doing this. Conor Burke commented that this Strategy was the start of more radical ambition of all partners working together to shape the future of Primary Care and health provision in the area.

A member of the public, Christine Brand, advised of a trial and radical way of working that was being held in Fife, Scotland, and this was having some considerable success. Christine was asked to discuss this with Matthew Cole outside of the meeting in order that it could be looked into further.

The Chair concluded by commenting that the public do not always act as partners would want them to, therefore, it was important that partners work with Healthwatch and other patient groups to ensure the services met patients' needs and systems they were willing to follow.

The Board:

- (i) Received the report and presentation on the emerging vision and common themes for primary care services in Barking and Dagenham; and
- (ii) Noted the work that was being undertaken by the Barking and Dagenham Clinical Commissioning Group (CCG) on the development of a Primary Care Strategy.

7. Annual Health Protection Profile

Vivien Cleary, Acting Head of Public Protection, presented the report and explained that it provided a summary of infectious disease notifications, outbreaks and health protection incidents that were managed by the North East and Central London Health Protection Team during 2014. The full details were set out in the report, including a summary of the health protection challenges and their implications for the Borough.

The Board raised and discussed an number of issues, including:

- Measles - There had been no confirmed cases of measles.
- Pertussis (Whooping Cough) - The incidence of Whooping Cough had reduced, and this was thought to be a direct result of the maternal vaccination programme.
- Tuberculosis (TB) - The incidence of TB had been increasing nationally since the 1980's and its incidence rate had strong links with deprivation, homelessness and overcrowding. The incidence trends in the Borough were shown on page 100 of the report and it could be seen that incidence of TB in the Borough was also rising over the London average. There were often clusters in family units and the rates were higher in the Black and Asian

communities. Work was being undertaken to identify and treat people with latent TB.

Connor Burke suggested that Public Health talk to their peers in Redbridge about targeting adjoining health issue hot spots.

It was noted that the NHS England had agreed to fund the consultant and screening costs.

- Chlamydia - Detection rates and treatment rates were high in the Borough. It was pointed out that this could be as a direct result of the Chlamydia awareness and treatment campaigns in the Borough recently. Overall sexually transmitted infections were also increasing. This indicated that unprotected sexual activity was a continuing problem in the Borough.
- Health Care Associated Infections – MRSA infection rates in the community was higher than average. The Clostridium Difficile infection rate was below the England average, but was one of the higher rates in North East London.
- Immunisation – The results indicated an encouraging turn-around trend in childhood vaccinations. The focus for the future would be in ensuring the follow up vaccinations were undertaken e.g. MMR. Seasonal Influenza and HPV vaccinations had generally not improved but pneumococcal disease vaccinations for the over 65's had achieved 65%.

Matthew Cole advised that he would shortly undertake visits to the lower performing 21 GP Practices to see what could be done to improve both initial uptake and follow-up vaccination rates.

Dr Mohi said that Partners need to reach people and encourage them to attend GPs and take up vaccination services. The initial targeting during infancy was good but the impetus and response rates tended to reduce in later years. Public engagement needed to be better.

Matthew Cole suggested that Health Visitors follow-up the infant vaccinations; it appeared that parents were attending for the first vaccination but not returning for the second and third doses. This may be due to the parents not understanding the need for a multi doses to achieve full protection. Partners need to be explaining this to the public, whilst also undertaking a proactive approach to improve return rates, especially in the BME communities. Matthew added that it was necessary to understand how neighbouring practices, serving similar demographic communities, could be so variable in their performance and what the lower performers could do to improve catchment rates.

The Chair commented that whilst targets may not have been achieved yet, nobody should forget that there had been considerable improvements achieved in the last 5 to 6 years. The number of people participating in unprotected sex was clearly associated with both the sexual infection and teenage pregnancy rates. These had been targeted as major issues and despite this there still had not been a major decline in incidence rates. The engagement and prevention techniques which had worked elsewhere do not seem to have had an effect here.

Having noted and discussed the contents of the report,

The Board:

- (i) Requested that NHS England provide quarterly performance reports on the arrangements it has put in place for 2015/16 to increase uptake of immunisation programmes by the eligible population of Barking and Dagenham;
- (ii) Requested that Council Officers, together with NHS England and Barking Havering and Redbridge University Hospitals NHS Trust consider the introduction of appropriate HIV rapid testing services, which was in line with national advice;
- (iii) Requested that North East London NHS Foundation Trust and local GPs work to ensure 100% uptake of the neonatal Hepatitis B course of 3 primary vaccinations and 1 booster at 12 months; and
- (iv) Requested that Health and Social Care Commissioners provide quarterly performance reports on the measures being taken to prevent Health Care Associated Infections within both the hospital and community settings.

8. Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND)

Helen Jenner, Corporate Director of Children's Services, presented the report in conjunction with the Autism Strategy on the agenda. The Inclusive Framework Strategy was an overarching three year strategy, which would eventually have a set of condition specific strategies. The Autism Strategy was the first condition specific strategy. The full details were set out in the reports.

Helen explained that the Borough did not have sufficient specialist provision or buildings to meet children's needs within mainstream schools and this had resulted in children having to be educated out of mainstream school or even out of the Borough. As a result a capital programme had been introduced so that wherever possible existing school buildings were fit for purpose and new premises had also been commissioned south of the A13. Temporary provision would be provided at Riverside Bridge from September 2015 until the new premises opened in September 2017.

Services were being constantly refreshed and developed to ensure they met the needs of children, parents / carers, and young adults. The three main objectives needed to be accomplished in a way that was affordable and provided value for money, whilst also understanding and recognising the unprecedented increase in child population and the corresponding increase in the demand for wider health and social care services.

Whilst SEND provision could continue for 18 to 24 year olds, under the Care Act legislation they were considered as adults. As a result each individual's budget would be transferred from the parents to the young adult when they turned 18.

Helen Jenner advised that the document needed to be Crystal Marked but this would be undertaken after comments had been received and requested that all comments were passed to her by next week.

Cllr Carpenter suggested that it may be worth revisiting the Adult Autism Strategy. The Chair said that it may be possible for the Sub Group(s) to review this document alongside the Adult Autism Strategy to ensure synergy between both strategies.

Having received the draft strategy document and discussed its contents,

The Board:

- (i) Noted that final comments should be provided to Helen Jenner, Corporate Director of Children's Services, by next week and authorised Helen Jenner to make the necessary amendments and changes to the document;
- (ii) Subject to (i) above, agreed the contents of the strategy document and its publication.

9. Children's Autism Strategic Plan

Helen Jenner, Corporate Director of Children's Services, presented the report in conjunction with the preceding agenda item.

The Board agreed the overall Children's Autism Strategy and in particular the six key priority areas.

10. Health and Wellbeing - Year End Performance Report

Matthew Cole, Director of Public Health presented the Health and Wellbeing Outcomes Framework performance report for 2014/15 and drew the Board's attention to a number of positive indicators during the year. Matthew advised that the report had been produced before the recent BHRUT Inspection and that Barts Health NHS Trust had also been put into special measures as a result.

The Board then discussed a number of issues, including:

GP Practices - The four GP practices inspected by the Care Quality Commission (CQC) had all received a 'Good' rating.

Secondary Care / BHRUT - The recent inspection at Queens Hospital had recognised the significant improvement by the Trust and it was now out of special measures and had progressed to 'Requires Improvement'. Strong clinical support and work with partners had played a part in achieving the turn around. Work was continuing with the aim of achieving 'Good' at the next inspection, which was expected around Christmas 2015.

London Ambulance Service - Concern was expressed about the performance of the LAS.

Smoking Rates and Smoking Cessation - There continued to be a high percentage of smokers in the area.

The numbers of people accessing and completing a smoking cessation courses had reduced, this could be partly due to the apparent increase in E-

cigarette consumption locally. Ante natal and Children's Centres could target 1,500 to 2,000 smokers a year as opposed to the low hundreds that were being delivered through Primary Care. There was evidence of life-long health issues for children where their mother smoked during pregnancy.

The Chair said that she felt that the resources needed to be invested to stop young people from taking up smoking in the first place, rather than on hardened smokers, some of whom had been smoking for 30+ years. Mathew Cole commented that it was becoming less socially acceptable to smoke, but the difficulty was how to get the 'changes for life' embedded into people's behaviour so that they break not just the physical addiction but the emotional aspects of smoking and do not return to smoking.

Survival Rates for cancer – The Survival rates for cancer, many of which were smoking related, were the second lowest in the country. Conor Burke suggested that this should be the focus of a future meeting.

Looked after Children Health Checks - The improvement in the percentage of looked after children with up-to-date health checks had increased at the end of March 2015. These health checks were an important part of corporate parenting and safeguarding and whilst the improvement was welcomed performance still needed to improve further.

The Board:

- (i) Noted the overarching dashboard and detail provided on specific indicators, and areas where new data was available;
- (ii) Noted the actions being taken to improve or sustain good performance, and the work of the sub-groups; and
- (iii) Agreed that cancer treatment outcomes should be a subject for more in-depth discussion at a future meeting.

11. Systems Resilience Group - Update

Conor Burke, Accountable Officer, Barking and Dagenham CCG, presented the report and advised that BHRUT had acknowledged the significant contribution that the Joint Assessment and Discharge (JAD) service had played in operational resilience over the winter period. The discharges supported by the JAD had remained high through March to May 2015.

Connor advised that the remaining grant and time limited resources were coming to an end and the JAD service was now almost totally reliant on core funding and this raised key questions on how future capacity could be supported over the next winter period. Other forms of 'back door' joint working to replicate the benefits of the JAD service were being looked into.

Winter Planning for 2015/16 would be looked at over the summer.

The Board:

- (i) Received and noted the report from the Systems Resilience Group,

including details of the briefings on 18 May and 18 June 2015; and

- (ii) Noted that planning for winter pressures would be progressed over the summer months and work would start in regards to further partnership working opportunities.

12. Sub-Group Reports

The Board received and noted the reports on the work of the:

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

13. Chair's Report

The Board noted the Chair's report and comments as set out below were made:

- **£200m Public Health Cuts**
The impact for 2016/17 would not be clear until the proposed new needs based formula and grant conditions of use were announced. The in-year £200m reduction in funding would be detailed in the 8 July emergency national budget.
- **Success in Development Funding Bid**
£6,000 of funding had been awarded by London Councils for the Health and Wellbeing Board development.
- **Care Act Updates**
There were now four work streams for April 2016. These were:
 - communications, information and advice;
 - cap on care costs;
 - commissioning;
 - operational consolidation and development.

A significant area of work would be the revision of the Council's charging policy. The main risks for Phase 2 were implementation costs, pressures on the NHS and the implication of this on social care and the demand from self-funders.

- **News from Care City**
Work had focused on those areas where partnership working was uniquely placed to accelerate progress for the benefit of the communities and in particular on healthy ageing and social regeneration.

Existing resources would be redirected to maximise benefits, reduce duplication and to seek external funding. The activities would be clustered around four business goals:

- Establish Care City infrastructure

- Create an innovation mechanism
- Establish research capacity
- Develop priority education programmes.

The interim premises at Maritime House, Barking, were due to open in September 2015. Care City had bid to become one of five national NHS test bed sites and the project was now being considered at second stage of the application process. Discussions were also continuing with academic partners.

- **News from NHS England**

Five Year Forward View: Time to Deliver

On Thursday 4 June 2015, the seven principal national health bodies published 'Five Year Forward View: Time to Deliver'. The paper was a delivery tool that looked at the progress in delivering the Five Year Forward View and the next steps to achieve the shared ambition. Work had started with a period of engagement with the NHS, patients and other partners on how they respond to the long-term challenges and closure of the health and wellbeing gaps, the care and quality gap, and the funding and efficiency gap.

Mental Health Task Force

Over 20,000 people had taken part in the online survey and engagement had also taken place with communities who were often marginalised. The emerging themes to date were prevention, access and integration across the system.

- **Message from Alwen Williams, Interim Chief Executive, Barts Health**

Noted the message and five immediate action priorities to improve services.

- **Health 1000**

Health 1000 had now been officially launched. It was an innovative new primary care practice designed to provide joined-up health and social care services for people with complex care needs. The service was based at King George Hospital and consisted of a team of healthcare professionals which provided patients with specialist, individual help so they felt more in control of their care and were able to stay out of hospital and independent for as long as possible. Feedback from patients on the service had been positive.

14. Safeguarding Nursing Provision in NELFT

Cllr Turner asked for clarification on the alleged reduction of specialist safeguarding nurses by NELFT. Gill Mills advised that there had been a change to the 'skill mix' of staff but posts had not been cut. Helen Jenner advised that she would raise the issue with, Sarah Baker, Chair of the Safeguarding Boards, in regards to requesting NELFT to report to the Safeguarding Boards to clarify the position.

15. Forward Plan

The Board noted the draft Forward Plan.