

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 16 July 2013
(6:05 - 8:00 pm)

Present: Councillor M M Worby (Chair), Councillor J L Alexander, Matthew Cole, Councillor L A Reason, Anne Bristow, Councillor J R White, Helen Jenner, Frances Carroll, Dr John, Conor Burke, Chief Superintendent Andy Ewing and Dr Mike Gill

Apologies: Martin Munro and Dr Waseem Mohi

23. Declaration of Interests

There were no declarations of interest.

24. Minutes - 4th June 2013

The minutes of the meeting held on 4th June 2013 were confirmed as correct.

Matters Arising:

Minute 15 – Community Sickle Cell/Thalassaemia Service

- It was confirmed that the community-based sickle cell clinic was open and seeing patients. Work is required to improve integration and link up to other services, particularly social care, housing, and acute services provided by BHRUT.

Minute 16 – Francis Report

- It was confirmed that the CCG-led task and finish group has met.

Minute 17 – CQC Inspection Report

- Dr M Gill (Medical Director, BHRUT) gave a short update following the latest inspection of Queen's Hospital Emergency Department. The inspection highlighted problems with waiting times for patients to be seen or referred and staffing shortages of medical staff. The Board noted national problems with recruiting doctors and BHRUT's new partnership with Bart's Health to attract applicants.
- Conor Burke (Accountable Officer, CCG) advised the Board that the three local CCGs are closely monitoring the situation. Recently the BHRUT's performance has been high with 95% of patients being seen within 4 hours. However, concern remains and will be heightened with winter pressures approaching.
- **ACTION:** It was agreed that the Board will, at its meeting on 17th September 2013, receive an item on the work of the Urgent Care Board. Within this item the Board will consider the problems identified by CQC with the Emergency Department at Queen's Hospital and how the health and social care system is supporting BHRUT's improvement plans.

Minute 20 – Chair's Report

- ACTION: Sharon Morrow will further promote the Sign Translate service to encourage take up among GPs.

25. North East and North Central London Health Protection Unit Annual Report 2012

Deborah Turbitt (Public Health England) gave a presentation to the Board that introduced Public Health England's Health Protection priorities for 2013/14.

The Board asked how the regional Health Protection Team adds value to work being done locally. Deborah Turbitt used the example of the Tuberculosis Control Board to explain how it works with the local hospital trust to control infections and bring down infection rates.

Matthew Cole expressed his concern that the Public Health Team was without up-to-date information regarding immunisations. As such he is not able to give assurance that health protection systems are robust or understand the potential risk of outbreak locally.

John Atherton (NHS England) reminded the Board of the infancy of NHS England and its broad range of new functions. He assured the Board that there is dialogue with local CCGs about immunisation programmes and NHS England has sufficient resources in place to ensure NHS England links up at borough level. Similarly Public Health England has a liaison consultant in place to work with agencies in the sector.

The Board requested that for September's performance reporting Quarter 1 data on immunisations and screening is presented so that the Board can begin to build up a local picture and assure the safety of the population against infectious disease.

ACTION: Further to the above request, the Board felt it was appropriate to complete a stock take so that it can understand roles and responsibilities of all agencies involved in health protection and identify where the system has problems or blockages.

Deborah Turbitt advised the Board that data on immunisations has been published and is available on Public Health England's website. She offered to investigate why Public Health and the CCG had not received this information and to clarify how data is circulated to local teams.

Dr John highlighted the CCG's concern about the lack of information about immunisations. Dr John called for teething problems and relationships to be sorted out quickly as the current situation is impacting GP's ability to keep on top of immunisations.

26. Health & Wellbeing Strategy Priority - Maternity Services

Conor Burke (Accountable Officer, CCG) introduced the report to the Board.

The Board noted that the mid-wife vacancy rate of 11% represents a change in how the vacancy rate is calculated rather than any changes to midwife numbers. Dr Mike Gill (Medical Director, BHRUT) stated that BHRUT is committed to maintaining its 1:29 midwife/patient ratio.

Helen Jenner (Corporate Director, Children's Services) advised the Board of discussion that had taken place at the Children's Trust into the increases in safeguarding workloads as a result of the rising birth rate.

The Board discussed whether the capping of births which helped to relieve pressure on deliveries at Queen's could be applied to A&E admissions. It was explained that this approach had been considered and rejected because A&E admissions are by nature unplanned whereas births can be accurately forecast and pressure managed accordingly.

Dr Mike Gill commented that the turnaround in performance that has taken place at BHRUT demonstrates how re-configuration of services can make a positive difference and assist providers in delivering better services.

The Board wished to see more home births offered locally so that this could be a genuine choice for low-risk women. It was explained that the co-located model was designed with offering home births in mind as the model will improve the competency and confidence of mid-wives. Dr Mike Gill expressed a view that local women prefer to give birth in a clinical-setting. Changing the attitudes of women will be important as the home birth agenda moves forward.

27. Summary and Key Recommendations of the Joint Strategic Needs Assessment 2012/13

Matthew Cole (Director, Public Health) introduced the report to the Board and drew attention to the demographics and emerging trends in population growth. It was noted that Barking and Dagenham has challenges across the life course and must plan for its increasing numbers of young people as well as having a sizeable cohort of over 90s with numbers of middle aged people forecast to peak in 2020.

Conor Burke (Accountable Officer, CCG) advised the Board that the CCG has adjusted its commissioning cycle to get better alignment with the Council to improve partnership working. He also asked for clarity over how the Public Health Grant is allocated and how the Board and partner organisations can influence or bid for funding.

Anne Bristow (Corporate Director, Adult and Community Services) explained that the public health grant has been allocated. There is scope to commission further programmes using the grant after the Health and Wellbeing Strategy has been renewed. Partners should share ideas at the earliest opportunity so that business cases can be considered before the next bidding round begins. The Board was reminded to think about core service budgets and how these are allocated at a time when organisations are looking for efficiencies rather than just focussing on the public health grant which by comparison is very small.

Matthew Cole reported that the Public Health Programmes Board has developed a framework for deciding commissioning intentions and the group will use this framework to make recommendations to the Board.

Dr Mike Gill (Medical Director, BHRUT) wished to see adolescence feature more

prominently in the JSNA as young adults are a key client group that have different needs. Failure to meet these needs can have major ramifications where long term conditions are not managed properly into adulthood.

The Chair proposed that the JSNA recommendations for substance mis-use run across the life course recognising health issues and implications for all residents struggling with drug and alcohol dependencies.

Helen Jenner (Corporate Director, Children's Services) called for investment in the production of equalities impact assessments which could be improved by developing and bringing forth third sector and community knowledge/experience.

The Board noted the recommendations of the JSNA and accepted them as providing a sound evidence base on which future commissioning and strategic decisions can be made.

The Chair reminded the Board of the importance of the JSNA to local decision-making and asked that information presented to the Board and discussions in meetings clearly refer back to the JSNA and its recommendations. Successes in end of life care and sickle cell disease were attributed to the partnership giving prominence to these issues in the JSNA and used as examples to illustrate the power of the JSNA to drive change.

28. Progress on Winterbourne View Concordat

Anne Bristow (Corporate Director, Adult and Community Services) introduced the report to the Board.

The Chair called for the Board to be pro-active and continue to appraise and evaluate parts the health and social care system and the system as a whole to safeguard against failings.

The Board recognised the work of Sharon Morrow (Chief Operating Officer, CCG) and Bruce Morris (Divisional Director, Adult Social Care) to ensure that Barking and Dagenham's localised response to the Winterbourne scandal has been comprehensive and robust.

The Board agreed the outline proposal for a local plan and committed to representatives from relevant organisations participating in the local working group.

29. A Review of Services for Those Affected by Domestic Violence

Matthew Cole (Director, Public Health) introduced the report to the Board. During its discussion on the item the following points or comments were raised:

- Local domestic violence services when benchmarked show that Barking and Dagenham has a comprehensive package of services that meet or exceed national standards and guidance. However, Barking and Dagenham has high rates of domestic violence which is a cause of great concern. Whilst this suggests victims are confident to report domestic violence, the Community Safety Partnership should be cautious of being complacent.
- Chief Supt. Andy Ewing (Borough Commander, Metropolitan Police)

commented that more work needs to be done to reduce repeat victim rates. Also, particular attention should be paid to domestic violence perpetrated by ex-partners as these form the highest proportion of offenders.

- Helen Jenner (Corporate Director, Children's Services) commented that there needed to be services and support for adolescent women. Evidence suggests that they are less likely to report domestic violence as they expect that behaviour in relationships.
- Cllr J Alexander (Cabinet Member, Crime, Justice and Communities) asked whether midwives were given training to detect domestic violence and sign-post pregnant women to appropriate services. Matthew Cole confirmed that midwives do receive training to support women.
- Conor Burke (Accountable Officer, CCG) corrected a statement in the report about the commissioning of the advocacy service. It was clarified that the contract expires in March 2014, not October 2013 as stated in the report. The CCG does not wish to upset the stability of domestic violence services and is therefore committed to extending this contract.
- Anne Bristow (Corporate Director, Adult and Community Services) raised concern about take up to, and completion of perpetrator programmes as it generally requires a court order to compel a perpetrator to complete the programme.
- There is a need to target domestic violence interventions through a range of services to ensure awareness and reach in the community. Drug and Alcohol services were suggested as an area where such targeting would have an impact.

ACTION: The Executive Planning Group was tasked with considering how papers of the Board are shared to individuals and organisations within the partnership

ACTION: The Review of Domestic Violence Services is to be referred to the Community Safety Partnership for discussion.

The Board agreed the recommendations contained in the report, which were as follows:

- Consider the recommendations (further described in the summary report) of the review of services relating to domestic violence and discuss the implications for Barking and Dagenham.
- The Health and Wellbeing Board should invite NHS England to present its plans to introduce important changes to the arrangements for commissioning sexual assault services and for those people who experience sexual violence.
- Commissioners should following the recent reorganisation of local maternity services and the introduction in 2013/14 of a new funding system which brings all maternity care into Payment by Results, consider the impact and

opportunities presented by the new funding arrangements for maternity services.

- In respect of the level of need it would be prudent for NHS Barking and Dagenham Clinical Commissioning Group to extend the existing contract with the Refuge for a further six months whilst these issues are considered and the appropriate provision is agreed by commissioners for 2014-15.

30. Managing Performance of the Health & Wellbeing System

Mark Tyson (Group Manager, Service Support and Improvement) introduced the report to the Board.

Helen Jenner (Corporate Director, Children's Services) questioned whether it was appropriate to focus solely on under 18 rates of termination. It was suggested that the indicator should be split to track rates of conception as well.

ACTION: Mark Tyson was requested to work with Children's Services to refine indicators relating to conceptions and terminations to ensure the Board has an accurate picture that will give measured analysis.

The Board recognised that not all indicators can be monitored at its own formal meetings. The sub-groups of the Board will track a wider set of indicators and produce exception reports where performance information requires the attention of the wider Board membership.

The Board approved the performance system as set out in the report and appendices. The Board noted that the first performance report to the Board is scheduled for September's meeting.

31. Longer Lives: A Summary for Barking and Dagenham

Matthew Cole (Director, Public Health) presented the report to the Board. The following points and comments were raised during the Board's debate:

- The future Public Health Grant premium from 2015 is paid against a borough's performance in reducing mortality rates. So while Barking and Dagenham has high mortality rates it will not necessarily attract additional funding unless it shows demonstrable improvement. Given that the longer lives data shows Barking and Dagenham has stagnated, or in some areas fallen behind, the importance of turning the tide is clear.
- 56% of early deaths in Barking and Dagenham are classified as amenable to healthcare interventions. Therefore they could be preventable through screening, active case-finding and early detection.
- To change Barking and Dagenham's mortality rates would only require preventing a small number of deaths per condition each year. However, identifying and targeting these people is very difficult and requires active case-finding by a range of professionals not limited to the health sector.
- The link between poverty and ill health is well established. Barking and Dagenham is moving further down the index of deprivation and falling

behind its comparators. The welfare reforms will result in 621 families with reduced benefits; this will likely have a negative impact/legacy on mortality rates.

- Patients often have several health problems or co-morbidities. The borough needs multiple strategies to improve these peoples' health and partners must work together to address wider determinants of health.
- Barking and Dagenham should pilot new approaches to healthcare and be innovative as traditional approaches are not as effective because of scale and challenge of health problems.

The Board agreed to establish a task and finish group to compare Barking and Dagenham health interventions with those used in similar communities (specifically longer lives comparator authorities) in order to find out how commissioners are tackling health challenges in their areas. The task and finish group will report back to the Board on 11th February 2014.

32. Referral from Development Control Board

The Board noted the concerns of the Development Control Board as described above and recorded in the minutes ([Minute 5 - DCB, 6pm, 28 May 2013](#)).

The Board agreed that the CCG and NHS England jointly author a report that explains how, in areas where there is significant population growth or decline, decisions are reached with regard to primary care estates in order that the local provision of primary care services matches the needs of the population.

33. Chair's Report

The Board noted the Chair's Report.

Frances Carroll (Chair, Healthwatch) requested that Barking and Dagenham Healthwatch is invited to participate in the Urgent Care Board. Conor Burke (Accountable Officer, CCG) explained that Havering Healthwatch was invited due to there being a greater number of Havering residents affected. However, as Chair of the Urgent Care Board he will request that membership is extended to Barking and Dagenham Healthwatch.

34. Report of Sub-groups

The Board noted the reports of the sub-groups as set out in Appendix 1 and 2 of the report. Further to the reports, it was reported that the Children and Maternity Group has begun to develop links with commissioning agencies outside of its formal membership. Matthew Cole, Chair of the Public Health Programmes Board, highlighted non-attendance as a problem to be addressed.

The Board asked for clarity about the work programmes of each sub-group to avoid duplication and ensure coverage of key issues across the groups.

35. Forward Plan

The Board noted the Forward Plan as set out in Appendix 1 of the Report.