

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 17 September 2013
(6:05 - 8:25 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, Martin Munro, Dr Waseem Mohi (Deputy Chair), Dr John, Conor Burke, Chief Superintendent Andy Ewing and Dr Mike Gill and John Atherton.

Also Present: Cllr C Geddes

Apologies: None.

36. Declaration of Interests

Martin Munro (Executive Director, NELFT) declared a pecuniary interest in agenda items 12 (Tender of Specialist Structured Day Provision) and 13 (Re-Tendering of the Stop Smoking Service) as NELFT will be bidding for the contracts under consideration.

37. Minutes (16 July 2013) and Matters Arising

The minutes of the meeting held on 16 July 2013 were confirmed as correct.

Further to minute 29, the Health and Wellbeing Board noted the comments from the Community Safety Partnership Board meeting and await the recommendations from the Domestic and Sexual Violence Strategic Group meeting on 28 September.

38. Focussing on Obesity

Matthew Cole (Director, Public Health) gave a presentation to the Board. The presentation outlined some of the work underway to tackle obesity and a top level plan for what the borough needs to do, or bring together, to dramatically improve its position.

The Board noted the approach of New York where a task force was established by the Mayor to get to grips with the problem. By bringing together partner organisations, government departments, and health organisations it was possible to make a significant impact. Political leadership to drive the agenda forward was especially important to the success of the task force as policy and legislation was developed with the goals of the task force in mind.

The Board also noted the London Borough of Lambeth's approach to tackling obesity which aimed to change the image of the borough and its population through the promotion of healthy lifestyle choices. Once the image was embedded, developing the service provision to improve people's outcomes was less difficult.

Dr John highlighted that a problem for GPs is a lack of awareness of services that could help obese people live healthier lifestyles. In the past there was a directory of services, but it is unclear whether all services in that directory are still running.

Dr John called for closer links between GPs and schools so that GPs could recommend children to participate in extra-curricular activities. Helen Jenner was confident that links between children's centres, schools and primary care could be strengthened.

The Health and Wellbeing Board agreed:

- that the H&WBB Forward Plan will be revised to focus on obesity with work streams of sub-groups following suit. As proposed in the report the Board will commit to this theme for a period of 18 months, after which point progress/impact will be reviewed.
- to hold an 'obesity summit' to bring together partners to define an approach to making a co-ordinated and concerted effort to tackle obesity.
- that the Executive Planning Group will take responsibility for ensuring that obesity features prominently in the Work Programme and that plans arising from the obesity summit are delivered.

39. Summary of Healthwatch Work Programme (2013/14)

Frances Carroll (Chair, Healthwatch Barking and Dagenham) presented the work programme to the Board, updated the Board on recent Healthwatch activity and provided the Board with details of forthcoming public events to engage with residents and to raise awareness about the existence and work of Healthwatch.

Dr Mohi (Chair, B&D CCG) recommended that Healthwatch might benefit from developing their work programme with input from the CCG to maximise impact and make consultations more robust. Dr Mohi also stated the importance of Healthwatch collecting intelligence from local people and using this to counter other more quantitative types of data.

Helen Jenner (Corporate Director, Children's Services) asked that Healthwatch takes account of existing mechanisms to engage with children and young people to avoid duplication or missing out on opportunities to improve participation.

Cllr Worby (Chair of the Board) asked how Healthwatch was using social media and its website to collect feedback, especially from younger people who are more inclined to engage digitally. Frances Carroll advised the Board that the Healthwatch website is still under development and there are some limitations as it must comply with Healthwatch England design principles. Those issues aside Frances was confident that Healthwatch will have an effective online platform from which to engage.

The Board noted that the development of an engagement strategy for the Board will help to link Healthwatch activities with what is going on elsewhere across the Partnership.

The Health and Wellbeing Board agreed:

- to note the work programme of Healthwatch Barking and Dagenham which identifies issues affecting the provision of Health and Social Care services to local people.
- to disseminate findings of Healthwatch reports through the H&WBB sub-groups with summary reports of Healthwatch findings and activities

presented to the H&WBB roughly every six months.

40. Quarter 1 Performance

Matthew Cole (Director, Public Health) presented the performance report to the Board.

Matthew Cole drew the Board's attention to indicator 20 (Percentage of eligible population that received a health check in last five years) where the target of 15% is unmet.

Dr John (Clinical Director, B&D CCG) explained to the Board some of difficulties in relation to improving uptake of health checks and stated the CCG's commitment to see improvement against this indicator.

Conor Burke (Accountable Officer, B&D CCG) and Dr Mohi (Chair, B&D CCG) stated their preparedness to re-commission the service under a different provider if performance does not improve. Dr Gill expressed his view that health checks are best integrated within primary care and the current provider should be given every opportunity to improve before alternative providers are considered.

Before switching provider Dr Mohi felt it was important to understand the drivers behind the low take up of health checks so that problems could be addressed at the source. How health checks are publicised to the community is one such problem that the Board suggested should be reviewed.

The Board noted that some GP practices have 90% take up of health checks proving that there are pockets of good performance to build from.

Cllr Worby (Chair of the H&WBB) expressed her disappointment that only 63% of looked after children had received an annual health check (indicator 13). Helen Jenner advised the Board that performance on this indicator is being addressed and by November 2013 it is expected that 80% will have received their health check. Helen Jenner pointed to increased case loads as a reason behind current performance figures.

The Health and Wellbeing Board noted the commentary of the performance report, the performance dashboard and the exception reports on areas of concern.

41. Urgent Care

Conor Burke (Accountable Officer, B&D CCG) updated the Board about the work of the Urgent Care Board. Further to the content of the report, Conor Burke updated the Health and Wellbeing Board on the following matters:

- Following an announcement from the Secretary of State £7 million of funding will be made available to support the local emergency care system over the winter period. The Urgent Care Board will be deciding how best this money is used.
- Following a clinical review of the emergency care system the Urgent Care Board can confirm that the proposal to cease blue light ambulances to King George's Hospital will not be taken forward.
- The Urgent Care Board has signed off a 'Demand and Capacity Plan' for emergency care in the sector.

Frances Carroll (Chair, Healthwatch Barking and Dagenham) asked about the arrangements for local Healthwatch representation on the Urgent Care Board. Cllr Worby (Chair of the H&WBB) recommended that the Healthwatch organisations of Barking and Dagenham, Redbridge, and Havering have discussions about the representation arrangements before escalating the matter to the Urgent Care Board.

Matthew Cole (Director, Public Health) commented that the borough's measures to reduce seasonal flu will have a significant impact on how the health and social system handles winter pressures. Matthew Cole asked for assurances that staff working at BHRUT will receive flu jabs in advance of the winter period.

John Atherton (Head of Assurance, NHS England) commented that NHS England is suitably assured that winter pressures will be handled well as planning and additional funding has been sorted earlier in the year. However, certain aspects of the local A&E improvement plans need expediting before winter pressures begin.

The Health and Wellbeing Board noted the progress of the Urgent Care Board. The Board agreed to receive a further update at its meeting on 10 December 2013.

42. GP Profiles

Dr Mohi (Chair, B&D CCG) introduced the report to the Board. In his opening remarks Dr Mohi stated how important the GPOS tool is for the CCG to drive improvements and standardisation in quality across all practices.

Cllr White (Cabinet Member for Children's Services) raised his concern that a practice in Chadwell Heath which has a patient list predominantly consisting of Barking and Dagenham residents but operates outside of the Barking and Dagenham Clinical Commissioning Group's remit, and is considered by the NHS as a Havering practice. Several Board Members felt that this arrangement undermined the ability of the CCG to influence service delivery at this practice and felt that it should be re-categorised as a Barking and Dagenham practice. John Atherton (Head of Assurance, NHS England) offered to raise this issue through NHS England on behalf of the borough.

The Health and Wellbeing Board noted the current progress of Barking and Dagenham CCG against the delivery of improved primary care services in the borough.

The Board requested that the data from the GPOS system is shared with the Board for the purpose of scrutinising GP performance.

43. Pharmaceutical Needs Assessment: A New Statutory Requirement of the Health and Wellbeing Board

Matthew Cole (Director, Public Health) presented the report to the Board and outlined the Local Authority's responsibilities to develop and maintain a Pharmaceutical Needs Assessment (PNA) for the borough. The Board noted that the development of the PNA is a lengthy process and to meet the requirements to produce the PNA for April 2014 will mean beginning the work now.

Matthew Cole explained to the Board that the PNA gives the borough the opportunity to determine what additional services pharmacies in the borough will provide, this means that pharmacy services can be tailored to suit the borough's health and wellbeing priorities.

The Health and Wellbeing Board agreed:

- To approve the presentation to a future meeting of the Board an updated pharmaceutical services map, as required by regulation.
- To approve any supplementary statement to the PNA (as required by regulation) and to delegate a task and finish group in Public Health to prepare this and present it to the Board.
- To delegate as a responsibility of the Public Health Programmes Board, the governance and delivery of the first PNA, taking into consideration the long planning cycle required.
- To approve the development of appropriate robust stakeholder engagement and consultation, and use of resource by the subgroup of the Board, in delivery of the PNA.

44. Allocation of Barking & Dagenham Reablement Funding 2013/14

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

The Board noted that the borough needs to improve its end of life care (EoLC) arrangements. Developing a strategy for EoLC will be an important step for improving as will pursuing 'gold standard' accreditation. It was noted that the St Francis Hospice is an outstanding provider of EoLC giving the borough a good platform from which to develop the EoLC offer.

Cllr Alexander expressed her concern that people in receipt of the substance misuse social work support would lose this support when the service is withdrawn as the funding only lasts one year. Bruce Morris (Divisional Director, Adult Social Care) advised the Board that the service will be evaluated towards the end of its funding spell. It is possible to fund the service beyond 2013/14 if outcomes for users of the service are good.

The Health and Wellbeing Board agreed the expenditure of £650,000 for the proposals as set out in sections 2.2 and 2.3 of the report to improve re-ablement services and outcomes for residents.

45. The Francis Report: Progress Update

The Health and Wellbeing Board noted the report which was introduced by Conor Burke (Accountable Officer, B&D CCG). It was confirmed that the invitation for service user representatives would include Healthwatch Barking and Dagenham. It was noted that the task and finish group membership has been broadened to include provider organisations as this will help ensure the delivery of the agreed implementation plan.

46. Tender of Specialist Structured Day Provision

(Martin Munro advised that in view of his pecuniary interest in the matter he would

take no part in the discussions and he left the meeting prior to the consideration of the report.)

The Health and Wellbeing Board agreed:

- to approve the procurement of Structured Day provision, on the terms detailed in the report; and
- to delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer, LBBB to award the contract to the successful contractor upon conclusion of the procurement process.

47. Re-tendering of the Stop Smoking Service

(Martin Munro advised that in view of his pecuniary interest in the matter he would take no part in the discussions and he left the meeting prior to the consideration of the report.)

The Health and Wellbeing Board agreed:

- to approve the procurement process (jointly with the London Borough of Havering) for the Stop Smoking Service for the duration (including the option to extend the contract for up to one year) and upon the terms set out in this report.
- to delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer to award the contract to the successful contractor upon conclusion of the procurement process.

48. Health & Wellbeing Theme: Protection and Safeguarding

(i) Adult Social Care Local Account 2012/13

Having reviewed the content of the Local Account, the Health and Wellbeing Board agreed to approve the Local Account for publication. In doing so the Board agreed that sections about the views of service users will be moved to the front of the document for ease of reference.

(ii) Safeguarding Adults Board Annual Report 2012/13

The Health and Wellbeing Board noted the Safeguarding Adults Board (SAB) annual report and in doing so the following points were raised:

- 2012/13 saw the SAB make great efforts to raise awareness about safeguarding among the community. As a result LBBB has a high number of referrals. The SAB is pleased that residents feel comfortable to report abuses but at the same time this does make LBBB an outlier.
- All agencies have reviewed their internal safeguarding measures. The focus of work is now looking across agencies and the

robustness of the system as a whole.

- The safer places initiative was a major area of focus for the SAB in 2012/13.

(iii) Local Children's Safeguarding Board Annual Report 2012/13

The Health and Wellbeing Board noted the report and in doing so the following points were raised:

- Training for children's safeguarding is regularly updated to keep up with current events and incidents from other areas.
- The LSCB has used the failures of Mid-Staffordshire and Winterbourne View to examine how systems fall down and taking away relevant learning for children's safeguarding.
- The LSCB has a robust Child Death Overview Panel.
- The LSCB is in the process of embedding multi-agency auditing.
- The troubled families agenda was a major area of focus for the LSCB in 2012/13.

49. Report of Sub Groups

The Health and Wellbeing Board noted the reports of the sub-groups and agreed the proposal (Appendix 6) to establish a local task and finish group to investigate how the borough can increase the use of children's centres for children aged 0-2, in particular through the registration of births process.

50. Chair's Report

The Health and Wellbeing Board noted the Chair's Report.

51. Forward Plan (2013/14)

The Health and Wellbeing Board noted the items listed in the Forward Plan.

52. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

The Board **agreed** to exclude the public and press for the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

53. Joint Assessment and Discharge Proposals

Bruce Morris introduced the report to the Board. As well as outlining the process for implementing the Joint Assessment and Discharge (JAD) proposals through the three borough's Health and Wellbeing Boards and the Integrated Care Coalition, Bruce Morris explained how the new service would simplify hospital discharges, make better use of resources, and improve integration.

The Board noted that identifying a host organisation for the service has been a difficult process as there are complexities due to the sums of money and numbers of staff involved. To ensure accountability and clarity in relation to service delivery it is recommended that the Integrated Care Coalition partners enter into section 75 agreements with performance of the service monitored by an Executive Steering Group made up of Coalition partners.

Dr Gill (Medical Director, BHRUT) commended the development of the JAD and believed that outcomes for patients could be further improved by adding in quality standards. For example, Dr Gill suggested that all occupational therapy should be done in the home and that nursing care placements could only be given once a full assessment has been conducted.

Dr John (Clinical Director, B&D CCG) offered his support to the JAD proposal and encouraged innovations that improve integration. He felt that the JAD would result in speedy discharge from hospital which in the past has been problematic.

Anne Bristow (Corporate Director, Adult and Community Services) commented that there needs to be a consistent approach among professionals about the advice given to patients, especially from doctors. A Patient in hospital will tend to regard the advice of their doctor as more compelling than that of other professionals. It is therefore important that doctors offer advice that does not conflict with the advice of social work teams in relation to care issues

Dr Gill offered to collaborate on any training to help change the mind set of Hospital Trust employees working in the new set-up. He felt it was important to confront the culture of recommending patients to nursing or residential placements when the home setting with the right care package is the best environment following discharge.

The Health and Wellbeing Board agreed to delegate authority to the Corporate Director of Adult and Community Services to enter discussions with Coalition partners on the proposals and agree implementation.

54. Tender of Specialist Structured Day Provision - Appendix 1

See decision minute 46.

55. Re-tendering of the Stop Smoking Service - Appendix 1

See decision at minute 47.