

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 11 February 2014  
(6:00 - 8:30 pm)

**Present:** Councillor M M Worby (Chair), Councillor J L Alexander, Matthew Cole, Councillor L A Reason, Anne Bristow, Helen Jenner, Stephen Burgess, Martin Munro, Dr Waseem Mohi (Deputy Chair), Conor Burke and John Atherton

**Apologies:** Councillor J R White and Chief Superintendant Andy Ewing

## 85. Declaration of Interests

There were no declarations of interest.

## 86. Minutes - 10 December 2013

The minutes of the meeting held on 10 December 2013 were confirmed as correct.

## 87. CCG Commissioning Plans

Sharon Morrow (Chief Operating Officer, B&D CCG) introduced the report to the Board. It was noted that:

- The CCG's commissioning plans are intrinsically linked to the Better Care Fund plan. The CCG will submit its Operating Plan with the Better Care Fund Plan to NHS England on 4 April 2014.
- There has been discussion on the CCG's commissioning priorities across the Health and Wellbeing Board sub-groups
- The two year Operating Plan is being used as an opportunity to take forward primary care improvements
- Quality of care issues arising from the Francis Report are picked up in the commissioning plans.
- The Operating Plan reflects the CCG's financial position. The Board noted that the CCG must deliver savings of £10 million in 2014/15.

Cllr Worby (Chair of the Board) wanted to see more detail about the Operating Plan at this stage of the process and requested that the draft plan is shared with Board Members in advance of the 25 March meeting, or informal meetings between the CCG and partner organisations are arranged to give early sight of the content of the Plan. Having only been given the priorities to consider the CCG cannot expect Board Members to have confidence in the quality of the plan or that the detail within it has regard for the wider partnership's objectives.

John Atherton (Head of Assurance, NHS England) advised the Board that NHS England is working to bring together specialist, primary care, and CCG-led commissioning to make commissioning seamless and ensure that there are no gaps in care pathways or service provision.

Anne Bristow (Corporate Director, Adult and Community Services) commented that the planning process is very NHS-centric. It is challenging to develop truly

local plans when NHS England sets very rigid specifications for the CCG's Commissioning Plans. Anne Bristow was sympathetic to the timescales and process to which the CCG is bound. Anne Bristow asked that the CCG remembers to consult thoroughly with partners on its plans before submitting them to NHS England otherwise there is a risk that partners will feel unable to influence the content of the plans.

Conor Burke stated that the CCG is still in its infancy an organisation making it hard to develop its plans in a way that is fully aligned with those of the Council. This is compounded by having to operate in a complex commissioning framework where responsibilities for certain areas rest with different organisations or at different levels within the NHS. The CCG aims to get to a position where its plans will feel more local and aligned to the strategic objectives of the borough. As governance develops and the health and social care economy integrates further, shared decision-making and shared ownership of issues will follow.

Marie Kearns (Healthwatch) updated the Board on engagement work done by Healthwatch on the CCG's priorities. Residents highlighted access to GPs, access to urgent care, early detection of cancer, and developing pharmacy services as their priorities for the CCG.

The Board agreed to:

1. Note the briefing on the strategic and operational planning process for 2014/15 to 2018/19
2. Comment on the issues being addressed within the Operating Plan and in particular the emerging priorities that have been identified
3. Receive the full draft of the Operating Plan at its meeting of 25 March.

## **88. Better Care Fund Draft Plan**

Further to the report, Bruce Morris (Divisional Director, Adult Social Care) and Sharon Morrow (Chief Operating Officer, B&D CCG) gave a presentation to the Board, following which the points or issues below were raised:

- The Better Care Fund (BCF) plan for Barking and Dagenham will be aligned to the BCF plans for Redbridge and Havering also. The three BCF plans will dovetail the CCG's broader strategic plans which itself will have regard to the plans and strategies of each of the local authorities.
- 25% of BCF funds are performance related. There is a lack of guidance on the performance related elements of the BCF so it is difficult to know what would happen if the borough failed to meet its performance targets. It is doubtful that BCF funding would be withheld, further action plans to bring up performance is a more likely intervention.
- The situation at BHRUT is a significant risk to meeting the performance targets attached to the BCF. Hospital admissions and delayed discharges of care will need to be reduced to mitigate risk. The BCF plan is reliant on BHRUT's improvement plan being successful and has been designed to support the recovery of BHRUT.
- The Board wished for commissioning organisations to consult early with partners on de-commissioning intentions and set out alternative plans for service provision at the earliest opportunity. Members of the Board from provider NHS trusts felt that the stability of a 24 month planning cycle would

help their medium and long term planning.

- Consideration needs to be given about how Disabled Facilities Grants and money from the Troubled Families agenda is included within the BCF. It will be necessary to give more thought about how children's health and wellbeing outcomes are incorporated as more funding streams are rolled into the BCF.
- A recent event hosted by Healthwatch gathered feedback from residents about the content of the BCF plan. Generally residents were supportive of the vision. There was consensus among the Board that further engagement is needed in the future.
- Board Members noted the scale of savings required of the CCG and the Council over the next five years and recognised the challenge of further integration and pooling of monies for partnership working in this context.

Cllr Worby (Chair of the Board) felt that the draft plan was a good submission putting the borough in a strong position to submit a high quality final plan. Cllr Worby felt that a lack of guidance from the Department of Health was problematic for developing BCF plans.

The Board agreed the Better Care Fund Draft Plan (Appendix 1), allowing Barking and Dagenham to meet the national deadline for submission on 14 February 2014.

#### **89. Public Health Commissioning Plan 2014/15**

Matthew Cole (Director, Public Health) introduced the report, in doing so the Board noted the following key points:

- Partner organisations commission public health initiatives too, therefore discussion is needed to align plans. Key to this will be more effective delivery of the prevention agenda through General Practice and Primary Care.
- A funding gap is forecast for 2015/16 as it not yet confirmed what the borough's Public Health Grant settlement will be. Furthermore, Public Health does not know what Health Premium the borough will receive or what funding is attached to health visiting responsibilities.
- Public Health is looking to experiment with different models of service delivery to create behaviour change among residents. There will also be greater emphasis on prevention especially with regard to smoking and obesity.

Conor Burke (Accountable Officer, B&D CCG) identified early intervention in cancer as an area not addressed by the Public Health Commissioning Plan. It was noted that there is a high level of cancer diagnosis in A&E which needs to be addressed.

The Board discussed Public Health Grant spend on children's health and early year interventions. Matthew Cole advised that public health spend on children's initiatives will go up in 2015/16 as more resource is invested in sexual health,

school nursing and health visiting. Because there is uncertainty over the funding arrangements for health visiting Public Health has been prudent to set aside monies should funding not come with commissioning responsibility.

Mr Nicholas Hurst (a member of the public) raised concern that sexual health services were not well signposted, as such service users are being referred incorrectly. Matthew Cole supported the view that there is a problem with access to sexual health services. Although the service is integrated across the three boroughs (Barking and Dagenham, Redbridge, and Havering) the information about the services and how they can be accessed needs to be improved; it was suggested a directory of some kind would be useful.

Ms Christine Brand (a member of the public) suggested that commissioning plans should give greater emphasis to wellbeing and to make it more meaningful and embedded within commissioning plans. Ms Brand also suggested that there should be more balance between health outcomes and wellbeing outcomes in those plans.

Cllr Worby (Chair of the Board) highlighted a correction to table 1 (page 81 of the agenda pack). It was confirmed that the leisure offer for older people is for ages 60 years and over. Board Members were asked to disregard the misprint on the explanatory notes for that entry in the table.

The Board agreed to:

1. Consider the resources allocated to the delivery of the 9 priorities agreed within the strategic framework for commissioning public health programmes for 2014/15 and 2015/16.
2. Endorse the commissioning intentions in this paper to ensure that service delivery continues to improve Public Health outcome indicators as outlined in the Public Health Outcome Framework and the Joint Health and Wellbeing Strategy.

## **90. End of Life Care Position Statement and Recommendations for Future Focus**

Sharon Morrow (Chief Operating Officer, B&D CCG) introduced the report to the Board.

Helen Jenner (Corporate Director, Children's Services) reminded the Board of the importance of end of life care (EoLC) provision for children and requested that children's needs are considered when developing the EoLC offer locally. It was suggested that demand for hospices is outstripping capacity. Sharon Morrow confirmed that the Integrated Care Group will include children's EoLC needs within its scope of work.

Cllr Alexander (Cabinet Member for Crime, Justice and Communities) asked if the EoLC pathway and advanced care plans are sensitive to cultural wishes and requests, and to what degree families are involved with developing end of life options.

Anne Bristow (Corporate Director,) advised the Board that EoLC needs to recognise the difference between unexpected deaths of younger adults and death in old age, as the reaction and needs of the family will depend on the

circumstances in which the person died.

Cllr Reason (Cabinet Member for Adult Services and HR) asked if the Personal Assistant and Carer training provided by West and Coe Funeral Directors would be delivered on a larger scale. Bruce Morris (Divisional Director, Adult Social Care) confirmed there are plans to roll out the training. Anne Bristow suggested that local undertakers and the community and voluntary sector are given a more prominent role in developing the local EoLC offer.

Dr Mohi (Chair, B&D CCG) highlighted that end of life plans are sometimes not followed and there is a need to address the practical reasons why this happens. Sharing the end of life plan with family members is a key issue as sometimes a person's wishes are forgotten in emotionally fraught situations or moments of crisis. The use of 'Do not admit' cards was suggested along with messages in bottles as ways to raise awareness that a person has an end of life plan.

It was noted that the NHS system can sometimes work against EoLC plans as by nature people tend to seek medical intervention to preserve life, overriding previously laid plans; cultural change is therefore needed.

The Board is agreed to:

1. Note the position statement and approve the next steps for end of life care as identified throughout the body of the report (listed in Appendix 3).
2. Request that the Integrated Care Group develops an action plan to bring back to the Board in June 2014

Further to the recommendations in the report the Board agreed to:

3. Establish a working group, with participation from front line practitioners, to drive forward the EoLC agenda and address the practical issues that can affect EoLC plans not being followed.

## **91. Summary of the New Ofsted Single Inspection of Services for Children**

Meena Kishinani (Divisional Director, Strategic Commissioning and Safeguarding) gave a presentation to the Board. The presentation covered:

- The inspection process and the areas that are under assessment
- How the new framework differs from previous frameworks and issues arising for Barking and Dagenham
- The scope of the inspections and who will be required to participate or be interviewed
- The implications of the inspection framework for the Local Children's Safeguarding Board
- Risks within the new inspection framework

Arising from the report and presentation the following issues and comments were made by Board Members:

- A disproportionate number of children enter social services through police protection. This is potentially high risk for the Borough's inspection result as well as distressing for the child.
- It will be important that children get their health assessment within the

- specified 28 day timescale
- The borough will need to improve educational attainment for looked after children
  - Underlying problems which result in social services intervention such as poverty, security of housing tenure, and domestic violence will need to be addressed
  - GP attendance at Child Protection Conferences is poor. This is a risk because under the new framework the borough will need to demonstrate its multi-agency approach.
  - Record keeping will need to be tighter to show inspectors that decision-making and case management is robust.
  - A peer review is scheduled for May 2014 to test the system and test the frontline of children's services. This will be a useful stocktake and identify issues to be addressed before Barking and Dagenham's first inspection under the new framework.
  - The Health and Wellbeing Board will need to explore ways in which it can link with the Local Safeguarding Children's Board as the inspectors will expect to find a strong relationship and coherence around work. Joint planning between the H&WBB and LSCB might be worth consideration.
  - Inspections will have a greater focus on observing social care practice.
  - If an inspection reveals an issue of concern it could trigger a further inspection of that agency or area. Partners should therefore be mindful that at all times during the inspection all areas of the system are under scrutiny.
  - Children's Services are under pressure due to rising demand. Health services will need to respond to this and in particular may need to put more resources into psychological therapies.
  - Early intervention through Health Visiting or School Nurses will be integral to robustness of safeguarding. Uncertainty over Health Visiting arrangements which are in transition is a risk.
  - Conor Burke (Accountable Officer, B&D CCG) suggested that it would be helpful for NHS colleagues to understand the profile of need for children known to social services. This will help GPs and other health professionals to support and take forward the agenda for looked after children and safeguarding as the responsibilities of the NHS become more embedded in these areas.
  - Dr Mohi (Chair, B&D CCG) added that it would be helpful to know also the numbers of children within the social care system. Meena Kishinani advised that at any given time Children's Services is working with 2,200 children, of these roughly 450 are looked after and a further 250 are on a child protection plan.

The Board agreed to:

1. Note the content and scope of Ofsted's new single inspection of services for children in need, looked after children, care leavers and the new Local Children's Safeguarding Board (LSCB) reviews and provide comments as appropriate.
2. Note the CQC health programme of reviews on safeguarding and looked after children running from September 2013 and April 2015.

## **92. CQC Inspection of BHRUT**

Stephen Burgess (Medical Director, BHRUT) updated the Board on actions taken by BHRUT since its inspection report was by the CQC. The Board noted the appointment of Steve Russell (Improvement Director), progress in developing an improvement plan, and some of the positive findings of the CQC.

Stephen Burgess drew the Board's attention to the difficulty the Trust faces in appointing clinical staff for the Emergency Department and how the special measures status has compounded this problem. To address this problem BHRUT is seeking to partner with Barts Health to attract applicants.

Helen Jenner (Corporate Director, Children's Services) offered support to BHRUT on behalf of the Local Children's Safeguarding Board. Objective scrutiny from partner agencies and bodies will assist with BHRUT's recovery programme. Helen Jenner felt it is important the Trust does not withdraw from partnership activities and keeps partner agencies involved throughout the recovery period, drawing in expertise and input where appropriate. It was noted that the Integrated Care Coalition has been involved in developing the Improvement Plan. The Trust welcomes support from partner agencies and views the plan as a shared document.

Cllr Worby (Chair of the Board) commented that the response from partners has been strong but wanted to see evidence of the Trust tackling its problems and sustaining improvement on longstanding quality issues. Cllr Worby also highlighted the finances of BHRUT as an intractable issue and suggested that BHRUT need to work closely with commissioners to provide its services in a way that supports the CCG to deliver system-wide changes to improve the health and social care economy.

The Board agreed to invite Steve Russell to present the Improvement Plan and progress against delivery.

## **93. The Francis Report**

Conor Burke (Accountable Officer, B&D CCG) introduced the report to the Board. It was noted that the task and finish group's work is drawing to a close. The group will report its progress publicly and agree the next phases of taking forward the Francis Report recommendations. Key tasks include establishing how the partnership can develop assurance mechanisms to detect shortcomings in the quality of care, and deciding what will be the ongoing response to the Francis Report once the task and finish work is completed.

The Board asked if the Action Plan has been reviewed since BHRUT has been placed on special measures by the NHS Trust Development Authority. Conor Burke advised that the CCG has been well sighted on the findings of CQC and as such the special measures status and other judgments of the CQC has had little bearing on the content of the Action Plan which is comprehensive and takes account of BHRUT quality issues.

Anne Bristow (Corporate Director, Adult and Community Services) highlighted discussion which took place at the Health and Adult Services Select Committee about taking individual responsibility and positive action to challenge bad practice when encountered. Conor Burke agreed that the task and finish group will need to

reflect on how individuals can be empowered and how to create genuine collective responsibility in health and social care post-Francis.

Conor Burke asserted that BHRUT was not comparable to Mid-Staffordshire as the system as a whole is much stronger. BHRUT is distinct from Mid-Staffordshire because the collective governance of the health and social care economy is more robust and there is a greater level of focus and scrutiny on quality of care.

The Board agreed to:

1. Consider the report noting the progress made to date and the commitment of the task and finish group members to ensure recommendations are implemented and embedded
2. Discuss the implications for Barking and Dagenham and propose any further actions the Board agrees are required.

#### **94. Progress on Winterbourne View Concordat**

Stephan Bruschi (NHS England) updated the Board on London-wide progress in implementing the Winterbourne View Concordat. The Board was given assurances that placements and care plans are being scrutinised and people are being moved into a community setting, where it is appropriate to do so without disruption or upheaval. Where people are being cared for in an inpatient setting those individuals are receiving support. This work is being overseen at a national level by an Enhanced Quality Team of NHS England.

The Board noted the establishment by NHS England of a Specialist Commissioning Unit to give support to London boroughs. An event has been held to tease out local barriers to implementing the Concordat and feedback from stakeholders is being used to inform the London action plan.

Stephan Bruschi commented that Barking and Dagenham's response to Winterbourne View has been strong. When the self-assessment framework was reviewed by NHS England Barking and Dagenham showed a good focus on health outcomes. Stephan Bruschi encouraged the borough to show progress against integration outcomes in order to take delivery of the Concordat to the next level.

Anne Bristow (Corporate Director Adult and Community Services) highlighted the challenge of meeting a large spectrum of need for roughly 160 people. Specialist need cannot be wholly met using borough resources; partnership working is therefore required within the sector and North East London region to deliver parts of the Concordat. Other challenges the Board noted were developing pooled budgets through section 75 agreements and that the Council has recently replaced its commissioning officer responsible for overseeing the Concordat.

Anne Bristow confirmed to the Board that the small number of inpatient placements for Barking and Dagenham have been reviewed by the Divisional Director of Adult Social Care and the Chief Operating Officer of the CCG. The Joint Strategic Plan, when presented to the Board in March, will give further detail and assurance as to the borough's position. It was noted that the timescales for delivering the Concordat are challenging but work is well advanced and it is expected that the local plan will be robust and credible having undergone a quality assurance process through NHS England.



The Board agreed to:

1. Note the progress that the Borough has made in achieving the actions set out in the Winterbourne View Concordat since its last briefing.
2. Note the Winterbourne View 'stocktake' document which has been produced for the Winterbourne View Joint Improvement Programme.
3. Note the identified risks and mitigation plans.

## **95. Obesity Summit**

Matthew Cole (Director, Public Health) introduced the report to the Board and confirmed that the Public Health Team has commenced work to deliver the actions outlined in the report.

The Board commented on the success of the event, and following its outcomes agreed to:

1. Engage at least 4000 inactive residents physically active enough to meet the minimum recommended weekly physical activity target using the message that 'fit and overweight' is acceptable, rather than focusing on 'how to lose weight'.
2. Offer incentives on an industrial scale to motivate groups of people to meet activity targets use incentives that focus on local charities or causes that will engage large numbers of people.
3. Engage with all GP practices in developing chronic disease pathways that have a physical activity component that is integral to delivery of care, and in actively referring every patient who is overweight/obese and/or has a chronic illness to one of our lifestyles prevention programmes.
4. Make use of more effective marketing, with borough straplines (eg 'Do it for Dagenham') and positive images that engage people, and to target specifically those communities that do not access our current programmes, e.g. men accessing weight loss programmes.
5. More assertive promotion aimed at increasing the communities use of green spaces, and continue our local planning regime to improve the health promoting environment.

## **96. Waiver of Standing Orders for Public Health Contracts**

The Board agreed to:

1. Waive the requirement of the Council Contract Rules that requires LBBD to conduct a procurement exercise for contract in the excess of £50,000.00. In accordance with contract rules 6.6.8 Public Health believe that there are exceptional circumstances why a procurement exercise cannot be undertaken at this stage.
2. Authorise the Corporate Director of Adult and Community Services to award the Public Health Contracts on the advice of the Director of Public Health listed in Appendix 1 to each of the current providers under the same terms and conditions as the current contract and for the duration detailed in Appendix 1.

## **97. Sub-Group Reports**

The Board noted that the Mental Health Sub-group now has ongoing participation from a GP. The group is now pursuing NHS England representation. John Atherton (Head of Assurance, NHS England) offered to assist with this process.

In response to the matter escalated by the Learning Disability Partnership Board, the Chair resolved to write to the Job Centre Plus about the support it gives to people with learning disabilities as it is likely that these issues are not uniquely local to Barking and Dagenham.

The Children and Maternity Sub-group highlighted that clarity is needed on the performance framework for the sub-groups. Also the group is confused as to the funding arrangements for Health Visitors having received conflicting information from different parts of the system. It was suggested that the Board writes to NHS England to have the funding arrangements explained.

The Board noted the Sub-group reports (Appendices 1 - 5).

## **98. Chair's Report**

The Board noted the report.

## **99. Forward Plan**

The Board noted the report.