

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 9 December 2014  
(6:04 - 8:37 pm)

**Present:** Cllr Maureen Worby (Chair), Anne Bristow, Dr Stephen Burgess, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Dr John, Cllr Bill Turner, Sharon Morrow, Sean Wilson, Marie Kearns, Gillian Mills and Ann Graham

**Also Present:** Cllr Eileen Keller

**Apologies:** Dr Waseem Mohi, John Atherton, Conor Burke, Frances Carroll, Chief Superintendent Andy Ewing, Helen Jenner and Jacqui Van Rossum

## 71. Declaration of Members' Interests

Dr John declared a pecuniary interest in agenda item 14, 'Procurement Strategy and Waiver for Public Health Services Contracts in Primary Care 2015/16' as he was a provider of General Practitioner services.

## 72. Minutes - 28 October 2014

The minutes of the meeting held on 28 October 2014 were confirmed as correct.

Councillor Butt arrived during this agenda item

## 73. Quarter 2 Performance

Matthew Cole, Director of Public Health, presented the report on the Quarter 2 performance and drew the Board's attention to a number of issues including smoking cessation, A&E treatment and ambulance wait times, the cancer pathway and emergency admissions for ambulatory care sensitive conditions.

The Board were advised by BHRUT that the recruitment issues in A&E could take five years to improve because of the high demand across the area.

Councillor Carpenter was concerned that the conception rate per 1,000 to women aged 15 to 17 was still above the national average. Matthew Cole responded that the rate had reduced by 19% since its highest quarter reported, which had seen 38.2 conceptions per 1,000 teenage women, and was reducing steadily, however, a study would be commissioned in the New Year to find out why the Borough was lagging behind the national average and to consider the effect of the two year programme to reduce teenage pregnancies. Marie Kearns commented that the teenage pregnancy rate had been an issue for the Borough for years, if not decades, and we needed to find out why that was still the case as there had been a number of campaigns aimed at reducing the rate.

There was discussion about the feedback from the BAD Youth Forum / Young Inspectors in regards to the alleged refusal of pharmacies to issue condoms or emergency contraception and insisting on age identification. Matthew Cole advised that when problems about a specific pharmacy are reported to Public

Health they would make contact with the Pharmacy concerned to make sure they fully understand and were complying with their contracts, including any staff training that may be required in the Pharmacy. Matthew Cole advised that there would be a new and different way of providing condoms as part of the new Public Health contract provision for sexual health. The provision of a card to enable young people to ask discreetly for contraception provision was also being looked into.

Councillor Butt asked about other contraception provision in the area. Matthew Cole advised that the services were commissioned from GPs and other specialist centres, there were a large number of emergency contraception provider, which were widespread across the Borough. Councillor Butt gave an example of an inaccurate website and advised that she was also aware of two month waiting lists for contraception services appointments and felt these were unacceptable. The Chair suggested that this type of information was passed to Matthew Cole so that effort could be given to resolving such problems.

Comments were made in regard to the Health and Adult Services Select Committee looking at sexual health services as an issue for in-depth scrutiny, due to the long standing teenage pregnancy rates and problems being reported with the provision of sexual health services in the Borough, but this would be dependent on its future scrutiny programme.

The Chair said that there had been a number of occasions where initiatives that worked well in other areas, with similar communities to LBBB, for some reason do not always work in LBBB and we need to consider how we do things differently or look at why they are less effective and she would be discussing with officers in the New Year a possible piece of work around this problem. Dr John, Barking and Dagenham Clinical Commissioning Group, said he welcomed the Chair's view of trying to triangulate why programmes had less success here than in similar areas. Dr John indicated that it may be opportune to look at cross / joint provision, for example could GPs work with schools in regards to obese children.

In response to a question from Councillor Carpenter in regards to the increase in childhood obesity levels Matthew Cole said that they had remained roughly static, based on the recent data releases for London and England. There was then discussion in regards to the phenomenon whereby children who are not overweight become so when they go to primary school, this was a national trend and was unclear why it was occurring. A sustained focus would be needed to reduce the later in life problems that would occur for those children.

Councillor Carpenter was concerned about the potential closure of the Birthing Centre and the loss of midwifery led births at Barking Hospital. Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group, advised that Conor Burke had given assurances that the services will not stop whilst negotiations continue with Barts Health NHS Trust and that should the Barts Health negotiations fail other service providers would be sought and negotiations started. Councillor Keller said that the Birthing Centre had been provided after a long and hard campaign led by the Council and she would wish to record her support for its retention. Councillor Turner commented that should there be any proposed closure of the Birthing Centre this needs a higher profile with much greater public engagement. Councillor Turner added that likewise the GP Practices that could be at risk following the CQC report also would require public

engagement and local discussion. Sharon Morrow said there was no proposal to close the Birthing Centre service and it was not something being suggested from the commissioners, however, it was being reported so that the Board was aware of the risk due to the potential need to change partners.

Dr John said he welcomed the imminent discussion with CQC to explore a number of issues and stated that he was concerned that the CQC had not been to many of the GP practices and CQC had not discussed their findings with the GPs or taken into account mitigating circumstances. Dr John gave the example of his own practice showing a high rate of antibiotic prescription but he had the highest rate of registered sickle cell patients in London. Dr John confirmed that none of the six practices which CQC showed as being of high concern were single handed practices and only one GP had been visited by the CQC.

The Chair asked for comments in regards to the high London Ambulance Service (LAS) conveyance rates from three practices in Barking and Dagenham. Sharon Morrow responded that the CCG had commissioned an enhanced GP service for nursing homes in the Borough, including Alexander Court and Chase View. An interim evaluation had shown a reduction in LAS conveyances across all homes (although not Alexander Court). The CCG will review LAS conveyances from the Ripple Road practice.

Anne Bristow, Corporate Director of Adult and Community Services, advised that how well we share performance trends amongst partners will be picked up in the work on the revised Health and Wellbeing Strategy in the New Year.

The Board:

- (i) Reviewed the overarching dashboard;
- (ii) Noted the further detail provided on specific indicators and responses to the questions raised and that further updates would be provided in due course; and,
- (iii) Welcomed the assurance given by Conor Burke that the Barking Community Hospital Birthing Centre would not close and the issue had only been raised as a risk because negotiations were being held with Barts Health NHS Trust, however should these not be successful other service providers would be approached.
- (iv) Noted that further to Minute 59, 28 October 2014, the London Ambulance Service had been asked by the CCG to provide a formal response in regards to Infant Deaths and this was currently awaited.
- (v) Noted that Sharon Morrow would circulate statistics on the Birthing Centre clientele to the Board members.
- (vi) Noted Matthew Cole would arrange for information on sickle cell to be passed to Councillor Turner.
- (v) Noted a sustained focus would be needed on childhood obesity to reduce the later in life problems and medical interventions that were more likely to occur in adults that had been obese as children.

- (vi) Board Members who found issues of service provision concern for Public Health should inform Matthew Cole of the details in order that an investigation could be undertaken and if necessary action taken.

Councillor Turner arrived during this agenda item

#### **74. Barking and Dagenham CCG Commissioning Intentions 2015/16**

Sharon Morrow, Chief Operating Officer Barking and Dagenham Clinical Commissioning Group (CCG) presented the report and explained that whilst the Barking and Dagenham CCG has a two year Operating Plan for 2014 to 2016 it is required to refresh its Operating Plans each year in order to take into account changes in local needs, central planning and financial allocations, which were expected around the 23 December for 2015/16 financial year.

Sharron Morrow drew the Boards attention to the details in the report and in particular to:

- Mental Health – there was likely to be new access targets and a review of recent policy guidance would be undertaken to see what could be done to improve service provision.
- Cancer Services – There would be a drive to improve early diagnosis in 2015/16 as this would have both improved patient outcomes and reduced the treatment costs overall.
- Children’s Services – Increased effort in improving health outcomes for children with special education and disability needs, looked after children, care leavers, youth offenders and early year’s development and targeting childhood obesity. Joint reviews were also planned for children’s therapies and CAMHs.
- Stroke – A review of the stroke rehabilitations pathway was being undertaken to inform and develop a new model of care that meets national standards and improves patient outcomes and experience of services.
- Primary Care Improvement – Plans to develop co-commissioning with NHS England following the release of guidance on 10 November 2014. Away days, workshops would be held.
- Urgent Care – Increased access to GP services in the evenings and weekends was being progressed by the GP Federations and would be part of the procurement of urgent care pathways across three CCGs.
- Planned Care – Reviews of the pathways for diabetes and respiratory diseases would be undertaken as well as development of a community dermatology service.
- Learning Disabilities – It was intended that the commissioning functions for some learning disabilities services would be transferred to LBBDD from April 2015, through a Section 75 Agreement.
- Maternity – Would support improved public health outcomes in related to a reduction of smoking during pregnancy, late access to antenatal care and promote increased breastfeeding.

The Chair commented that the Council would fight the recreation of 'ONEL' (Outer North East London) and stressed that we need our own Health and Wellbeing Board to deal with the issues that affect this Borough, as they are not the same as Havering. The Chair added that whilst it may be easier to commission for three boroughs, it may not be best for the community, especially in Barking and Dagenham.

Councillor Carpenter commented that she was pleased to see Mental Health included.

Councillor Carpenter raised the issue of cultural factors and if they could lead to Sudden Infant Death. Matthew Cole responded that there were links and pointed the Board to the London Health Strategy and commented that and Simon Stevens, Chief Executive, NHS England, needed to look at the role for social prescribing rather than a purely medical role for GPs.

Dr John commented that the area you serve is important and he was not sure if GPs had the latest training to deal with the rapid demographic changes in population and their different cultural practices. Dr John added that localism might be important and there could be a need to look at delivery of information, workforce planning and training now so that they are in place to deliver to the specific community needs.

Ann Graham, Divisional Director, Complex Needs and Social Care, read a number of questions from Sara Baker, Independent Safeguarding Chair of the Local Safeguarding Children Board and Safeguarding Adults Board. Sharon Morrow responded that the CCG were very much focused on the needs of the local authority and provision was based upon the needs assessments that had been undertaken in LBBB, including mental health needs assessment. Further work would be done in regards to the Mental Health Strategy and recognised that the need varies across boroughs.

Marie Kearns commented that the speech and language services appeared to be struggling again: primarily due to the increasing number of children in LBBB. These skills are a vital part of children's development particularly to get them ready for school.

Councillor Turner commented about the lack of detail in the reports.

Councillor Turner was concerned that the CCG Board members were all male. Sharon Morrow confirmed that there were three female members on the CCG Board. Dr John added that it is the Clinical Directors that are all male and they are elected by the GP members to the Board and that for a variety of reasons there may be a lack of female leaders coming forward in the future. Dr John agreed that he would prefer there to be a more female representation but it was dependent on who put themselves forward. The Chair advised she would discuss this issue with Dr Mohi outside of the meeting

The Chair commented on the potential plans for urgent care and stressed that due to the reluctance of some residents to go to Barking there was likely to be more people using Queen's Hospital.

The Board:

- (i) Noted the Clinical Commissioning Group (CCG) was refreshing its Operating Plan for 2015/16 to take into account the updated Joint Strategic Needs Assessment (JSNA), local and national priorities for delivery including the Better Care Fund requirements and financial plans; and,

- (ii) Noted the CCG commissioning intentions for 2015/16, as set out in the report, and the comments in regard to service provision
- (ii) Noted the Section 75 arrangements would be brought back to the Board for sign off in the New Year.

## **75. Care Act 2014: Update on Implementation**

Anne Bristow, Corporate Director of Adult and Community Services presented the report and stressed that there was now only four months to go to stage 1 implementation. Work plans had been put into place but there were still some inter-agency issues to be resolved, together with a lack of financial certainty as the funding would not be known until 17 December 2014.

Anne Bristow also brought specific points to the Boards attention, including:

- Various financial models had been undertaken to see how many people fund their own care; however, this had not resulted in any consistent answer. Despite work to scope the impact on budgets, there was still a significant 'unknown' amount that might be required.
- The Board were reminded that the law brings in a duty to cooperate on adult social care and emphasised duties around integration, and safeguarding. The Regulations were only laid out in November 2014, as a result their implementation was causing some real logistical struggles and the issues being faced were much wider than those just affecting the Council, for example IT and housing provision.
- Whilst there was a five year strategic plan, the Better Care Fund was the beginning of the process and there would be more demands over the coming years.
- Training was needed so that staff understood the implications, the processes and their roles in the new systems. The assessments alone would require a huge cohort of people of different professional disciplines to be trained. Anne added that LBBB had experience in joint training and could help with training for integrated teams.
- There was also a lack of trained advocates, especially in the BME population as there were 98 languages spoken in London.
- A report on a 'prevention strategy' would be brought to the Board next year.
- There were challenges in getting partners to use existing powers and need for this cooperation would become greater.
- The Safeguarding Adults Board becomes statutory from April 2015.
- The effect of 'ordinary residence' and how councils could be responsible for the care for people that no longer have any connection with the area and the cost implications that this would have for councils.
- That a two phase communications campaign was to be run at national level and that the Council was planning a local communications campaign using a mix of materials and methods to engage with existing and potential service users. The local campaign would particularly target carers to increase the number of carers assessed and if necessary put support packages into place.

Anne Bristow asked that all Board partners ensure that they have read the guidance fully to see what it means for them and identify changes that they must do to comply with the Act. If partners have an Implementation Action Plan in place they need to check on how that would be implemented and that it is fully reviewed in view of the November 2014 Regulations. The Health and Adult Services Select Committee planned to scrutinise the implementation programme at its meeting on 20 January 2015.

In response to a question from Councillor Turner about how 'ordinary residence' would change, Anne Bristow gave the example of a service user with a supported tenancy who was funded by LBBB for their care and support. If the service user then moved out of LBBB, their ordinary residence would stay with LBBB, despite the service user being in a new location out of the Borough. LBBB would, therefore, still be responsible for funding the individual's care. It was stated that LBBB could be responsible for funding some people's care for 50 plus years.

Councillor Carpenter asked for clarification as to what was meant by 'Preparing for new market shaping and market management role' in section 3 of the report. Anne Bristow advised that this was about shaping the services in the care and support provider market, and was a signal to providers about what services service users with care and support needs may wish to buy in future years. The Borough's Market Position Statement entitled 'The Business of Care in Barking and Dagenham' was produced in July 2014 and discusses the direction of travel for the Adult Social Care market in Barking and Dagenham, as well as signalling to Providers where there are gaps and opportunities in the market. The Market Position Statement can be found on the Council's Care and Support Hub website: [http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=Mp\\_qJPtFLEw](http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=Mp_qJPtFLEw)

Councillor Carpenter asked about the improved competency levels for commissioning in section 6 of the report. Anne Bristow responded that commissioners are good at big block commissioning but are not always so good when using smaller or specialist providers. This had been picked up as part of the Adult Social Care Peer Review.

Dr John raised the issue of the use of the voluntary sector. Anne Bristow responded that there was a clear political will on the use of the voluntary sector, but there were some challenges that this would cause in regards to competency and cost. There was however potential to look at added value opportunities. The Chair added that it was likely that micro markets will emerge and the voluntary sector would grow to a size that was comfortable for them and it was hoped there would be some balance between the various providers.

The Chair ended the discussion by commenting that she expected all Board Members' organisations to be able to fully implement the requirements of the Care Act and resource and support the necessary partnership working.

The Board:

- (i) Agreed that the CCG and NHS Trusts report back to the H&WBB on their organisations progress and compliance status, at the 10 February 2015 Board meeting.
- (ii) Noted that the report back will be supported by the Council-led Care Act Programme Team and that the reports should outline the actions that must be taken by the CCG and Trusts to be Care Act compliant from 1 April 2015.

## **76. Adult Social Care Peer Review**

Mark Tyson, Group Manager, Integration and Commissioning, presented the report and drew the Boards attention to the presentation slides produced within the report and explained how the Peer Review worked and how feedback is taken in the spirit of self improvement. The Peer Review was undertaken through the auspices of the London Social Care Partnership, between 7 and 10 October 2014 and the emphasis was on councils working together to set standards, share and champion good practice and review each other's performance. This reiterated the importance of accountability to the residents for the services delivered to them at a local level. Mark Tyson added that the Care Act had shifted the focus and created a new style of commissioning, which was the route that LBBB was already following.

Mark Tyson drew the Board's attention to what we do well, where further work was needed and the proposed actions, the details of which were set out in the report, including the follow-up needed from the workshop held on 3 December.

Councillor Turner asked how this would link to economic regeneration as the jobs created would be largely local and low paid. Councillor Turner asked if the employers would offer good quality training of the workforce and if there was a local worker involved in the peer review. Mark Tyson advised that the Personal Assistants Forum and Carers networks had been involved. Anne Bristow advised that quality standards were always at the heart of what we do and would be levered into this area of employment potential. The Council's Regeneration officers recognised that this was a big business opportunity and that there were real long-term jobs and the Council would be looking to see if enough support was being received from Skills for Care, the employer-led workforce development body for adult social care in England.

In response to a question from Dr John, Mark Tyson advised that there had not been a particular session for partners and personal assistants. The Chair added that she was aware that the review team had certainly met with the stakeholders at Marks Gate.

The Board:

- (i) Received the presentation and report, which provided an outline of the findings of the Peer Review team, and the response developed in partnership through the workshop on 3 December 2014;
- (ii) Discussed the Market Management Peer Review and supported the proposed direction of travel in managing the adult social care market in Barking and Dagenham, as set out in the report.

## **77. Adult Autism Strategy**

Anne Bristow, Corporate Director of Adult and Community Services, presented the report and advised that over the last six months the Council had been working with partners to refresh its Adult Autism Strategy and to reflect the new 'Think Autism' national update, the Winterbourne View Concordat, the Care Act and Children and Families Act. The Council had commissioned the Sycamore Trust to consult and engage with local individuals, carers and professionals on the Strategy. The



consultation period had ended in December.

Anne Bristow drew the Board's attention to the aims of the three year plan and the nine priorities, set out in section 2.7 of the report, and advised that the Strategy could be refreshed if there were any significant changes to national guidance.

The proposal was for the Learning Disability Partnership Board (LDPB) to monitor the progress of the Strategy, with them reporting to the Health and Wellbeing Board on its implementation after one year.

An £18,000 innovation grant had been offered by the Department of Health to assist the Council and its partners to implement 'Think Autism', this was a one off grant and could be used for capital works, including electrical equipment and IT developments or for making public areas more autism friendly. The plans for the use of the innovation grant were being worked up and would be submitted to the Department of Health by the 12 December.

Whilst the Adult Autism Strategy and the Children's Autism Strategy were separate documents an integrated approach would underpin both.

Councillor Carpenter said it was a shame that the Adult and Children's Autism Strategies could not have been issued together. The Chair and Anne Bristow confirmed that there were areas of overlap within the strategies and that the Adult Autism Strategy had been produced in discussion with Children's Services. The Children's Strategy was still in development so it was not possible to finalise them at the same time, nor was it appropriate to delay the Adult Strategy and the work that would follow on from it.

Ann Graham, Divisional Director of Complex Needs and Social Care, advised that there would be issues of expectation to manage at the point of transition. Anne Bristow added that the resources and legislative requirements were different for children and adults and accordingly financial resources for adults were less as well. Anne Bristow commended the Adult Autism Strategy to the Board and advised that should there be a need for a refresh of either strategy that could be done in due course.

The Board:

- (i) Noted the explanation from the Corporate Director of Adult and Community Services on the reasons why the Adult Autism Strategy needed to be put into place at this time and that work would be undertaken with Children's Service to ensure synergy with the Children's Autism Strategy where possible, and should any major changes or refresh be necessary these would be brought back to the Board in due course.
- (ii) Agreed the Adult Autism Strategy 2015 to 2017, attached as Appendix 1 to the report
- (iii) Delegated responsibility to the Corporate Director of Adult and Community Services to make any final amendments to the Strategy before publication.
- (iv) Delegated responsibility to the Learning Disability Partnership Board (LDPB) to monitor the progress of the Adult Autism Strategy 2015 to 2017 and

agreed to receive a progress report on its implementation from the LDPB in one year.

(v) Delegated responsibility to the LDPB to make amendments to the Autism Strategy following the final publication of the Think Autism guidance in 2015, on the basis that should amendments be substantial the LDPB shall bring amendments to the Health and Wellbeing Board for agreement, subject to discussion and agreement between the Chairs of the LDPB and the Health and Wellbeing Board.

(vi) Delegated responsibility to the Corporate Director of Adult and Community Services to finalise the bid for the Autism Innovation Capital Grant before its submission on 12 December 2014.

Councillor Carpenter gave her apologies and left the meeting at this point and took no further part in the discussions or decisions.

## **78. Update for Board Members on Availability of Adolescent Mental Health Crisis Beds**

Gill Mills, Integrated Care Director, NELFT, gave a presentation, which outlined the local position in regards to 'Tier 4' provision for Child and Adolescent Mental Health Services and availability of acute and crises inpatient services for young people with mental health problems. This was particularly in the public eye following press reports concerning a 16 year old girl who having been sectioned had to be held in custody by Police in Devon over a weekend due to a national lack of beds for adolescent mental health crisis.

Since April 2013, CAMHS Tier 4 inpatient beds have moved from being locally commissioned to being nationally commissioned by NHS England (NHSE). Gill Mills drew the Board's attention to the map showing provision across the country, from which it could be seen that beds centred around London and the South East and also showed there was demand on local beds from across the country. A review had been undertaken and as a result NHSE would be tending in the new financial year to increase the number of CAMHS specialist beds by 50. There would also be three new case managers for the London area. Overall it would improve the way young people move in and out of specialised care and provide consistent criteria for admission and discharges based on best practice.

A longer-term strategic review of CAMHS would be undertaken as part of a wider review of specialist services.

Whilst there are sufficient beds in the London area, for London Children, there was pressure on these beds caused by shortages elsewhere. This had resulted in children being moved across the country, sometimes over some distance, into those beds.

Brookside, which was one of 10 facilities in London, had 14 beds acute beds and 4 high dependency beds for 12 to 18 year olds who had severe psychological, behavioural or emotional difficulties and also provided a day service. NELFT also provided the 'Interact service' which enables care to be provided in the community and minimised the need for admission. There had been over 130 admissions to Brookside in the past year and 60% of young people admitted had a personality

disorder and work was being undertaken to reduce the need for admission. The presentation provided details of the admissions from various authorities to Brookside during the twelve month period August 2013 to August 2014 and also the out of area CAHMS beds.

Gill Mills advised the Board of a pilot scheme which was being run to extend access to services until 9.00 p.m., the results of which would be fed into future commissioning.

In response to a question Gill advised that wherever possible a local bed was provided for local young people and also that early intervention and support reduced the need for bed admissions.

The Chair commented that she was concerned that because of the national pressure on local beds there was still potential for a 12 to 18 year old being in a cell rather than a hospital bed. In response Sean Wilson, Deputy Borough Commander, informed of the vigorous risk assessment at point of entry and exit from Police custody and that there were often difficulties on security at hand-over to other partners, which sometimes tied-up several police officers. Alcohol and drug abuse were also an issue. Sean Wilson added that he felt that it was highly unlikely for a situation such as had occurred in Devon to occur in the Metropolitan Police area, primarily due to the size of London and the Metropolitan Police.

Councillor Turner asked if there was currently sufficient bed provision locally to meet demand. Gill Mills responded that general indications were that there was but they were reviewing provision national and locally to see if there was any under capacity for London children in London.

Matthew Cole commented that in the past month there had been over 120 referrals to CAMHS and asked how quickly they had been treated. Gill Mills advised that all referrals were prioritised and all are seen within the 18 week guidelines. Matthew Cole said that he was concerned that 18 weeks was a long time for a child to receive help and there could be an escalation to needing a bed or self harm that could be prevented with early support. Marie Kearns also raised Healthwatch's concern that whilst young people were initially assessed within the 18 weeks there could then be an eight month wait for treatment.

#### The Board

- (i) Noted the report and received the presentation, which outlined the local position around the availability of acute and crisis inpatient services for young people with mental health problems, including the nearest local bed provision at Brookside in Redbridge, which was one of ten Tier 4 adolescent units within London and contained 14 acute beds and 4 high dependency beds for 12 to 18 year olds;
- (ii) Noted the review and pilot that was being run in regards to extended hours and local provision, the results of which would be fed into future commissioning.
- (iii) Noted that there was a higher level of bed provision in the London area than in the rest of England and wished to place on record the Boards concern that young people from the rest of the England were being set to

London area which was not close to family and friends and the equally young people from London and the South East might be sent out of London due to the pressure for beds.

## **79. Children's Social Care Annual Report**

Ann Graham, Divisional Director, Complex Needs and Social Care, presented the report which provided a review of operational service developments and inspections over the 2013/14 financial year, an overview of local demand pressures and outcomes of the Ofsted Inspection in May 2014 of services for children in need of help and protection, children looked after and care leavers. Overall performance was going well and there had been a period of increased stability, the full details of which were contained within the report.

Ann Graham drew particular attention to both the Adoption Service and the successful launch on 1 April 2014 of the Multi Agency Safeguarding Hub (MASH), which was based in Barking, and the partners involved with it.

The Chair commended the report as providing a comprehensive overview, which was particularly usable for non-child care specialists.

The Board:

- (i) Noted the work undertaken over the year:
- (ii) Noted the service improvements contained within the review report and action taken in response to local demand pressures; and
- (iii) Noted the content and outcomes of the Ofsted inspection of services for children in need, looked after children, care leavers and the Local Authority Children's Services' Improvement Plan, as set out in the report.

## **80. Barking and Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013-14**

Ann Graham, Divisional Director, Complex Needs and Social Care, presented the Barking and Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013/14, attached as Appendix 1 to the report, which demonstrated the impact of the work of the BDSCB partners in safeguarding children and young people within the Borough. In line with statutory guidance the Annual report has been shared with the Chair of the Health and Wellbeing Board and the wider partnership and would also be shared with the Children's Trust.

The Board's attention was drawn to five priorities identified by the BDSCB for 2014/15, the details of which were set out in the report. The evaluation of priorities would be provided in the next BDSCB Annual Report.

The Chair commented that she would wish to see more information on child exploitation and what we were doing to identify potential victims or vulnerable children. Councillor Turner informed the Board that a brief had been sent to all Councillors, a specialist from the Home Office would be visiting the Borough and Ofsted had also undertaken some work. Councillor Turner said it was important not to switch resources to the trends of the day but to identify local needs and

concentrate on those. Councillor Turner also raised the issues of witch craft and spirit exorcism, female genital mutilation and missing children. Councillor Turner added that child exploitation and trafficking was a national problem that crossed different local authority and police force boundaries. Sean Wilson commented that the issues were very complex with those trafficked being too scared of reprisals on families back home or of being deported to come forward and there was often denial by the individual that they were victims.

Ann Graham advised that LBBD had been selected as an area of interest and support due to indicators such as deprivation and teenage pregnancy rates.

The Board:

- (i) Noted the Barking and Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013-14
- (ii) Noted that a report on child exploitation would be provided to the Health and Wellbeing Board in due course.

## **81. Adoption Annual Report**

Ann Graham, Divisional Director, Complex Needs and Social Care, presented the report, which showed improved performance over the last three years, and provided information on the Adoption Diagnostic, the details of which were set out in the report.

Marie Kearns asked if potential adopters were mostly from the Borough. In response Anne Graham advised that they were from a mixed area but were predominantly white, but the service was part of a consortium which tried to fit children where the best match is for each child, regardless of geographical location.

The Chair commented on the work of the Adoption Team and the efforts made to move the service forward and increase the level of children being placed.

The Board:

- (i) Noted the work and performance of the Adoption Service during 2013-14, as set out in the report and its appendix.
- (ii) The Board also wished to commend the Adoption Team for their efforts in improving the service and the number of children placed for adoption.

## **82. Pharmaceutical Needs Assessment (PNA)**

Matthew Cole, Director of Public Health presented the report which informed the Board it had a statutory duty to publish a Pharmaceutical Needs Assessment (PNA) at least every three years and that the PNA was in preparation with a view to it being published by the statutory deadline of 1 April 2015. The PNA would provide an assessment of the local need for pharmaceutical services and NHS England would rely on the PNA when making decision on application to open new pharmacy and dispensing appliance contractor premises.

The Board:

- (i) Noted that the draft Pharmaceutical Needs Assessment (PNA) would be issued on 19 December 2014 for the statutory 60 day public consultation, which would close on 16 February 2015.
- (ii) Noted the draft PNA would be shared with interested members of the Health and Wellbeing Board and we also have a statutory duty to share the draft PNA with neighbouring boroughs' Health and Wellbeing Boards.
- (iii) Noted the final draft PNA will be presented to the Health and Wellbeing Board at its March 2015 meeting in preparation for publication to meet the statutory deadline of 1 April 2015.

### **83. Contract: Public Health Services in Primary Care Contracts 2015/16**

Matthew Cole, Director of Public Health, presented the report and explained that a number of contracts would expire on 31 March 2015 and under the Council's Constitution, Contract Rules, a waiver of tendering requirements was needed as there were exceptional circumstance as to why a procurement exercise could not be undertaken at the current time, the details of which were set out in the report.

The Board:

- (i) Approved the strategy, for the procurement of the Public Health Programmes contracts within the primary care setting from the 1 April 2015, for a period of one year for:
  - (a) NHS Health Check Programme (mandated Council Public Health function)
  - (b) Chlamydia Screening
  - (c) Smoking Cessation Level 2 Service
  - (d) Contraceptive Intrauterine Devices (IUDs) and Contraceptive Implants
  - (e) Pharmacy sexual health Service
  - (f) Shared Care in GP Practices (Drug Treatment Service)
  - (g) Supervised Consumption in Pharmacies (Drug Treatment Service)the details of which were set out in sections 2.1 to 2.6 of the report;
- (ii) In accordance with Contract Rule 6.6.8, waived the requirement to conduct a competitive procurement exercise for the contracts above; and,
- (iii) Delegated Authority to the Corporate Director of Adult and Community Services, in consultation with the Director of Public Health, Head of Legal Services and the Chief Finance Officer to award the Public Health service contracts, as set out above, to the nominated General Practice and

Pharmacy providers.

#### **84. Systems Resilience Group - Update**

The Board:

- (i) Received the update from the Systems Resilience Group, including the briefings attached to the report of the Group's meetings held on the 30 September 2014 and 31 October and the verbal update following the meeting held on 24 November 2014.
- (ii) Noted that efforts were clearly continuing to improve performance and patient experience but the Board was still concerned that Accident and Emergency targets were still not being met.

#### **85. Sub-Group Reports**

The Board noted update reports from the following:

- (i) Integrated Care Sub-Group
- (ii) Mental Health Sub-Group
- (iii) Learning Disability Partnership Board
- (iv) Children and Maternity Sub-Group
- (v) Public Health Programme Board

#### **86. Chair's Report**

The Board noted the Chair's report, which provided information on a number of events / issues:

- (i) Lets make 2015 the year we start to turn the tide on obesity – Health will be one of the areas of focus for the 50th Anniversary of the Borough, and offer the opportunity for individuals to pledge to increase activity levels and undertake more healthy lifestyles. Other activities will highlight heritage, success and future plans.
- (ii) Complex Primary Care Practice Project – Health 1000
- (iii) Health and Wellbeing Board Development Day – 16 April 2015
- (iv) Health and Wellbeing Strategy – consultation during January 2015
- (v) Publication on 15 October 2014 of the London Health Commission's Better Health for London report.
- (vi) News from NHS England in regards to 21st Century IT system and patients digital access to their records.

#### **87. Forward Plan**

The Board:

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and there had been some changes and items added since the publication of the agenda; and,
- (ii) Noted any new items / changes must be provided to Democratic Services by no later than noon 12 January 2015 for them to be considered at the 10 February 2015 meeting or later.