

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 14 June 2016
(6:00 - 8:20 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Helen Jenner, Jacqui Van Rossum, Sean Wilson and Tudur Williams

Also Present: Sarah Baker, Cllr Bill Turner, Stephen Norman and Meena Kishinani

Apologies: Anne Bristow, Frances Carroll and Dr Nadeem Moghal, Cllr Peter Chand and Terry Williamson

1. Apologies for Absence

2. Extension of the Meeting

At 7.58 p.m. the Chair moved that the meeting be extended initially by half an hour to 8.30 p.m.. This was seconded by Cllr Bright and agreed by all present.

3. Declaration of Members' Interests

There were no declarations of interest.

4. Minutes - 26 April 2016

(i) Minute 91 - Referral to Treatment.

Cllr Carpenter, Cabinet Member for Educational Attainment & School Improvement, and Cllr Turner, Cabinet Member for Corporate Performance and Delivery, both requested inclusion of some of their comments and for the minutes to be stronger in the displeasure that the Councillors and the Council had felt at the underhand behaviour of BHRUT in deliberately not reporting the problem to the Board and in the continuing delays that residents were experiencing in obtaining appointments and treatment.

The Chair pointed out that minutes by their nature quite rightly do not express emotion, but in view of the Councillors' strong views the Chair agreed that the minutes of the 26 April 2016, with the requested changes to Minute 91, would be represented at the next meeting for approval. The Chair advised that the LBBB Health and Adult Services Select Committee had now also considered the Referral to Treatment issue and would be reporting its recommendations in due course.

5. Reducing the Risk of Fire for Vulnerable People

Steve Norman, LBBB Borough Commander, London Fire Brigade, gave a presentation on the risks and action that could be taken to reduce incidents and deaths resulting from fires in relation to vulnerable residents, especially those that smoke and have a mixture of conditions such as health, memory, disability and

frailty issues. Approximately 80% of fatal fires occur in premises where a care package had already been put into place and many such incidents may be preventable. On a non-emotional level, the economic cost of assessment and provision of tailored equipment to reduce the risk(s) would be significantly less than damage repairs or total loss of property.

The Board's attention was drawn to the new safety standards (BS5839 Part 6), aims and matrix, set out in the report, and how the needs and risks would change depending on whether people were resident in individual properties, sheltered community or care homes. Steve presented a number of examples and then explained how major impact could be achieved in simple easy to implement changes such as fire chair rugs, storage of combustible materials away from heightened risk seating / bed areas, personal suppression systems, type and placement of detectors and alarms and ensuring that separate telephone lines were provided for personal alarms and fire alarms.

Whilst the Fire Brigade were expert in fire prevention they would also be able undertake assessments, such as trip and other hazards, when at a property.

Bids could also be made for funding from £1m that had been set aside for prevention work.

Steve explained the potential benefits of upgrading and commissioning to the higher standards, which were due in December 2016. Tudur Williams, LBB, Operational Director Service Development and Improvement, felt that some important steps could be made in the meantime and that the opportunity for partnership working should be pursued as a matter of urgency. Recognition of fire risks training for staff, such as health professionals, social workers, housing, care and other front line staff, would be welcomed as soon as possible. It may also be beneficial to have a common fire risk section on assessment and other people centred forms, which could then also form part of the processes for care plans and hospital discharges etc.

Cllr Turner, raised concern about fire risk in poorly adapted properties, houses in multiple occupation and bad landlords who do not provide alarms, safe exits etc. Steve advised that there were not many deaths in private houses in multiple occupation, however, there were certainly injuries occurring from fires in such properties. LBB's Private Rented Property Licensing Service had taken the decision to be proactive and fund the provision of alarms to houses in multiple occupation and had also been working with the Brigade to identify houses at risk.

Sarah Baker, Independent Chair of LBB Safeguarding Adult's and Children's Boards, also pointed out that there were fire risks in homes with disabled children, due to the amount of equipment that that was often needed, and that it would be important to also work with Children's Centres and to consider expanding fire risk assessment and prevention to all vulnerable individuals between the ages of 0 to 100. Vulnerable people of all ages could also be in a larger family setting and potentially could increase the risks to others.

The Board:

- (i) Discussed the information provided and the proposed work to investigate the potential improvements identified for the prevention of fires for

vulnerable people, including the potential for Joint Partnership working and bid opportunities; and

- (ii) Agreed, in principle, to support the actions set out in the report and to work with the Fire Brigade to produce a Partnership approach to service provision fire and other risk assessments, which would be reported back to the Board in due course.

6. Update on North East London Sustainability and Transformation Plan (NEL STP)

Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, presented the report on the shaping work that had been undertaken on the Accountable Care Organisation following the successful expression of interest for the ACO pilot. Conor reminded the Board that it was anticipated that the ACO pilot would provide complete integration of health and social care through the removal of silo working and its ethos would be people centred and seamless service provision. It was also becoming clear that input and partnership working with the Police, Fire Brigade and London Ambulance Service, was also important to the new ways of working and also to the success of any new processes. The practical work and initial case for change was being overseen by the Accountable Care Organisation Executive Group and a Steering Group of officers and meetings were now scheduled to be held on 15 and 20 June.

The deadline for the submission of the draft STP was the end of June 2016.

Work was now underway to ensure consistency of the narrative with other authorities and also providers such as BHRUT. For Barking and Dagenham, Havering and Redbridge CCG areas, the details of the NEL STP will form the propositions, which would then be developed through the established programmes and those would then form the basis of the business case for the ACO. The STP will also inform and provide linkage with the high level financial and challenge of the ACO. In addition, the increasing pressures meant that it was also becoming clear that it would be necessary to accelerate the implementation of the NHS Five Year Forward View. It was expected that the combined changes could result in £500m/£600m savings to the NHS over five years.

Conor stressed that the report was to assure the Board that progress was being made and that it was consistent with Five Year Forward View and emerging vision.

The Chair felt that this issue was of such importance that significant time needed to be set aside at the next Board for its discussion and that the Forward Plan needed to be adjusted to allow this. The biggest challenge was the Hospital trusts serving the area were both in special measures. Once the stock-take was undertaken at the Steering Group, decisions could start on what was monitored and how that would be undertaken. The Chair reminded the Board that the bid had been based upon assurances that national frameworks and existing regimes could and would be challenged and that would be essential to allow new radical ways of working to emerge.

In response to a question from Cllr Carpenter, Conor advised that it was his belief that Barking and Dagenham, Havering and Redbridge areas were more advanced

and it would be some time before the rest of NE London were in a position to form an ACO. Conor also explained that it was expected that the ACO would cover about 95% of the whole budget.

Helen Jenner, LBBB Corporate Director Children's Services, pointed out that there needed to be a significant education and prevention approach to stop people turning up at A&E or going into hospital in the first place in order to ensure pressures and demographic changes could be met in the medium and long-term future.

Conor explained that initially there was likely to be three or four pilot localities and that these will be based around multi health professional hubs, which could deal with issues internally and would reduce the need for hospital attendances. Dr Mohi concurred with this and stressed that it was about working together and making positive changes locally that would in turn achieve the removal of the variations in service provision. Dr Mohi said the most important thing would be an ethos step change and an understanding that the ACO was not just another organisation, but a radical new way of working.

The Board:

- (i) Discussed the approach, set out in Appendix A, covering the vision, draft priorities and enablers which had been identified to support the work;
- (ii) Provided feedback to the NEL STP Team, as outlined above;
- (iii) Asked for a full report on the Sustainability and Transformation Plan to the 26 July Board meeting; and
- (iv) Agreed that in order to enable sufficient time for discussion of this issue at the 26 July Board meeting, that report authors would consider which of their reports scheduled on the Board's Forward Plan could be deferred to the 27 September Board and advise Democratic Services accordingly.

7. 'We all have a part to play' - Public Consultation

Meena Kishinani, LBBB, Programme Director, Ambition 2020, presented a report on principles of Ambition 2020 and the public consultation, set out in "We all have a part to play", which was attached as an appendix to the report. Meena explained that the Council's Growth Commission had led on to Ambition 2020 Programme and whilst the position of the Borough had improved significantly, in a regards to many deprivation and other national indicators, London's performance was improving faster. Consultation was underway in regards to the re-shape of the Council and the way in which Council services would be provided through the Ambition 2020 Programme. There would be a new strategic structure, which would not be based on traditional organisation structures, but upon what was needed to be achieved, long-term goals and higher standards and performance. Ambition 2020 was also about finding new ways of delivering services and also about changing residents' perception of the Council being the expected point of solution in the first instance. The change was essential in order to meet increasing demands at a time when resources were being reduced.

The Board watched the film, which was also available on the Council's website as

part of the Ambition 2020 consultation. The Board went on to discuss a number of issues including community solutions, 'My Place', enforcement, leisure services, parks and open spaces and how the Council was also looking to identify how and why people and families came to the attention of the Council and how appropriate intervention could be put into place to avoid expensive support escalation at a later date.

Meena stressed that the Ambition 2020 aims were aligned to change proposals, such as the STP, and would be part of the foundation for building an ACO.

Sarah Baker asked how the changes and new processes under care and support would be tested to ensure that vulnerable adults and children were not left exposed. Meena advised that there would be a huge quality assurance function to make sure services are safe.

Matthew Cole, Director of Public Health, asked if the business case for services would be provided to the Board for Partners' assurance. Meena advised that Council officers would be working with Partners and details and issues would be brought to the Board as appropriate.

The Board:

- (i) Noted the new strategic structure within the Council and the pressures and challenges driving Ambition 2020;
- (ii) Discussed and commented on the proposals in the consultation document and noted that the deadline for responses was 16 June 2016;
- (iii) Noted the next steps and work that would be undertaken in conjunction with the Partners in relation to issues such as the Accountable Care Organisation (ACO) and Sustainability and Transformation Plan (STP) and that further reports on progress and the business case(s) for appropriate service areas would be presented to the Board in due course in order to provide Partner assurance if requested by the Chair or Lead Officer.

8. Urgent and Emergency Care (UEC) Transformation

Conor Burke presented the report and drew the Boards attention to the details set out within it. The Board was reminded that urgent care was fragmented and poor in this area and the Systems Resilience Group (SRG) had been working on the issues for a number of years. Following a detailed review of attendance and admission data at the SRG April 2016 meeting, a summit was held to address a number of issues and look at what could be done to stabilise performance. Whilst the urgent care performance overall had been much better in the last 12 months, the most recent A&E 4 hour patient waiting to being seen standard was suggesting a significant improvement to a 92/94% achievement rate. Data also indicated that there had been a 16% increase in attendance at A&Es. There was also the ongoing issue of why people attend A&E, when that do not need to be there, and in many instances should be using other community and Primary Care options.

Cllr Turner commented that this had many parallels with Ambition 2020, including the need to change attitudes. There was also a need to improve and reflect the other side of services and the health economy, as they interact and impact upon

one another. Cllr Turner reminded all partners about not using jargon in reports, for example paragraph 4.4 of the report.

Conor explained paragraph 4.4. and agreed that there was indeed a need for a massive change in patients' behaviour and that initiatives, tried as a result of the junior doctors strike action, had proved successful and would be continued. It was essential to look at a whole health systems solution and to focus on the Primary Care and community solutions. Work was being undertaken with Partners in NELFT, the three CCGs, BHRUT and the Council in regards to service provision and in reducing re-admittance rates at A&E.

The Chair raised the issue of the different messages on doctors' answer phones, which could confuse patients when they were seeking urgent medical help. Cllr Carpenter also commented that good advice seems to be reducing attendance at A&E.

Sean Wilson, Interim Borough Commander, Metropolitan Police, asked if there was any data behind what had driven the 16% increase in A&E attendance. Conor responded that there was anecdotal evidence that it was mothers with children attending, however, the 16% increase in A&E attendance in spring this year had not just been local but had been a national phenomenon.

Healthwatch, commented that from their activities it was clear that nobody knows what 'the hub' is: even if they were sitting in it. People are also confused as to where walk-in centres are because they move. When an appointment cannot be obtained from a patient's own GP, the hub appointment slots were full, the walk-in centre was full with a five hour wait or was shut, it was not surprising that people reverted to using A&E: because they know where the A&E is and it would always be there with medical assurance or assistance 24 hours a day.

The Board:

- (i) Discussed and noted the progress of the Urgent and Emergency Care transformation programme.
- (ii) Commented on the improvements needed across a number of areas including marketing / communications, advice and availability of alternative medical assistance to remove pressure on A&E Departments.

9. Substance Misuse Strategy 2016-2020

Matthew Cole, presented the report and Strategy, which set out a broad range of actions that were designed to improve public health, encourage social responsibility and reduce demands on public services. Through enhanced community services and improved access to health care, the vulnerable would be protected, family connections and relationships improved, and individuals could be helped back into employment. The Strategy would also strengthen and build upon existing partnerships with criminal justice colleagues to help identify those individuals that use substances problematically and ensure they are offered appropriate interventions and therapies.

Matthew advised that the Strategy would be updated to reflect areas of change that had occurred since the Strategy had originally been drafted for consultation.

These included governance changes, which included the monitoring of the Strategy Action Plan becoming the responsibility of the Community Safety Partnership, the recent change in legislation in regards to 'legal highs' and that the Metropolitan Police had been revising its own strategy.

The Board discussed a number of aspects of the Strategy and its Action Plan.

Sean Wilson advised that the Metropolitan Police was looking at its Drugs Strategy as a whole, which included greater activity on enforcement. The police regularly encounter people intoxicated by alcohol, illegal drugs or other substances. Substance abuse was often the driver of criminal acts, disturbances and violence as well as being a major concern in vehicle crashes.

It was noted that many of those under the influence of illegal drugs and other substances operate machines, drive or look after children but they are not seen as being obviously drunk, although their responses and reasoning skills are often greatly impaired. Therefore, substance abuse increased the risk for the wider community and life chances for those involved.

The Board:

- (i) Noted the amendments and governance changes to the draft Substance Misuse Strategy 2016-2020, as reported by Matthew Cole;
- (ii) Discussed a number of aspects of the Strategy and noted that the Action Plan would be monitored by the Community Safety Partnership;
- (iii) Recommended to the Cabinet that it adopts the Strategy, subject to the amendments; and
- (iv) Recommended that Partner organisations also take the steps necessary to formally adopt the Strategy through their own organisational arrangements.

10. Health and Wellbeing Outcomes Framework Report - Outturn 2015/16

Matthew Cole, LBB, Director of Public Health, presented the report which provided the overarching dashboard and performance on specific indicators for Quarter 4. Matthew drew the Board's attention to a number of issues that had improved or required improvement, the details of which were set out in the report.

The Board discussed a number of issues, including:

- Mental Health –
 - The good performance in regard to Improving Access to Psychological Therapies (IAPT).
 - The increase in the number of children and young people accessing CAMHS.
 - Action Plans that were in place against poor performance in delayed transfers of care.
- The improvement in achievement in the indicator for health checks for looked after children (LAC)

- Health checks indicator rates generally, which included adults with disabilities checks.
- BHRUT failing to meet national standards in Urgent Care A&E, referral to treatment, cancer and diagnostic rates.
- Decreases in the number of positive Chlamydia screening results.
- Permanent admissions to residential and nursing care had exceeded the target considerably and this indicator was now RAG rated red.
- Falls in people over 65 had improved and the indicator was RAG rated green.
- The trend in non-elective admissions was going down.
- CQC Inspections and the monitoring and action plans that were now in place.
- Immunisation rates for children indicator was RAG rated as amber.

Cllr Carpenter asked for an explanation in regard to leadership capabilities where GP surgeries were shown as also requiring improvement. Dr Mohi explained that whilst CCG oversees some issues, such as immunisation and infection control, the CCG does not set performance or have a management function over individual practices as the GPs are directly contracted by the NHS.

Cllr Turner and Cllr Carpenter both commented on the usefulness of the data provided and the need to have a sense of what was happening in regards to action plans and the improvement journey. Conor Burke and Matthew Cole were asked to bring the information forward in a more useful manner, so that the Board was looking at the right points, rather than a mass of statistics.

The Board:

- (i) Reviewed the overarching dashboard, noted the detail provided on specific indicators, the new data was available, areas where performance had improved and discussed remedial actions or actions being taken to sustain good performance; and
- (ii) Requested that in future the information is provided in a more useful manner which would allow the Board to see more easily what the issues were, rather than pure statistical information.

11. Director of Public Health Annual Report 2015/16

Matthew Cole presented his Public Health Annual Report, and explained that the Annual Report provided an opportunity to focus on issues of concern and opportunities to improve the health of residents and was both informed by and supported by the recommendation in the LBBB Independent Growth Commission and the Council's and NHS transformation planning. As a result the Annual Report

had been published a little later that normal to take into consideration the emerging Ambition 2020 Programme and strategic changes in the Council. Historically austerity has been significant in regards to health and social systems. It was important to acknowledged the links to income and health and to realise the opportunities to improve the health of residents and future generations through cost-effective preventions and interventions.

Matthew drew the Board's attention to the need to have a 20 year plus manifesto of health improvement but this was set against outcomes over five year commissioning periods. Matthew stressed that health only provision was not going to be sufficient in the long-term and there was a growing need to look at other issues, such as the New Zealand example, where improved health has occurred through better housing and employment opportunities.

Matthew also drew the Board's attention to reoccurring but easily preventable conditions, like measles, as well as the new emerging global infection threats, like the Zika virus.

The Chair commended the Annual Report to the Partners as being easy to read and full of useful facts and how it could be a tool in the challenge process.

The Board:

- (i) Received the Public Health Annual Report 2015/16;
- (ii) Noted the comments and observations of the Director of Public Health in his Annual Report.

12. Systems Resilience Group - Update

The Board:

- (i) The Board received and noted the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meeting held on 4 May 2016.

13. Sub-Group Reports

The Board noted the reports on the work of the:

- Children and Maternity Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board Sub-Group

14. Chair's Report

The Board noted the Chair's report, which included information on:

- Health and Wellbeing Board Development Session held on 19 May.
- Healthwatch Success.

- News from NHS England
 - Joint Working with fire and rescue services

15. Forward Plan

The Board noted the draft July edition of the Forward Plan.