

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 27 September 2016  
(6:00 - 8:23 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Anne Bristow, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Ceri Jacob, Tracy Goddard-King and Bob Champion

**Also Present:** Cllr Bill Turner and Stephen Norman

**Apologies:** Conor Burke, Dr Nadeem Moghal and Sean Wilson, Sarah Baker, Louise Mitchell and Terry Williamson

## **32. Extension of the Meeting**

At 7.58 p.m. the Chair moved that the meeting be extended by half an hour, this was seconded by Cllr Carpenter and agreed by all present.

## **33. Declaration of Members' Interests**

There were no declarations of interest.

## **34. Minutes - To confirm as correct the minutes of the meeting held on 26 July 2016**

The minutes of the meeting held on 26 July 2016 were confirmed as correct.

## **35. Joint Strategic Needs Assessment (JSNA) 2016 - Key recommendations**

Dr Fiona Wright, Consultant in Public Health at LBBD, presented the report, the aim of which was to give assurance to the Board that it had discharged its duties in relation to the JSNA. It also aimed to summarise the approach taken and key findings in the current context and to share the key findings and next steps. The presentation highlighted three key approaches to reducing health inequalities and the key plans and strategies for the borough. The Board's attention was also drawn to the context of the JSNA in regards to key plans and strategies for the LBBD, notably the Joint Health and Wellbeing Strategy. The JSNA provided a 'snapshot in time' of the Borough's health and wellbeing needs and inequalities. There was continued concern on a number of key health issues, details of which were set out in the report and presentation. Fiona particularly drew attention to life expectancy and healthy life expectancy rates in the Borough, as these indicated that healthy life expectancy was the lowest in London, with healthy life expectancy in women being particularly low. The Borough also has a comparatively young population and would need to prepare for the projected increase of more than 70,000 residents by 2031

Fiona also drew the Boards attention to a number of key points including:

- Over a quarter of 4 to 5 year olds are overweight and a third have tooth decay.
- The second highest rate of teenage conception in London

- The second highest proportion of young adults not in education or training (NEETS)
- The highest rate of pregnant smokers and lower than average percentage of mothers that breast feed.
- Heart disease most common cause of premature death.
- Cancer being the most common cause of death. Lung cancer was the most common cancer, with 9 out of 10 lung cancer deaths being related to smoking. Improving cancer screening coverage was clearly important.
- Issues that affect older generation such as depression and falls: that had resulted in nearly 400 emergency admissions to hospital.
- Domestic violence and homelessness on their negative effects on physical and mental health and health inequalities.

In response to a question from Cllr Carpenter, Cabinet Member for Educational Attainment and School Improvement, Matthew Cole advised that there had been improvements in many areas but we were not improving as fast as other London boroughs. The Sustainability and Transformation Plan (STP) would be prioritising some issues to enable targeted resources by partners; this would in effect create a smaller number of key priority areas.

The Chair reminded Partners that the JSNA needs to be more clearly shown in the strategies they develop and to be more explicit in why they are concentrating on specific issues.

Cllr Turner, Cabinet Member for Corporate Performance and Delivery, pointed out that there are differences in demographics between areas and that it would be helpful to break down the information at sub borough level. Cllr Turner also raised the effect that constantly changing demographics would have on the trends and how change could give a false perspective of performance. The Chair pointed that localities would be key. Matthew Cole advised that work was underway already for the data to be split at locality level and in effect they would have mini JSNAs for those areas.

In response to a question from a member of the public about training for GP surgeries to promote screening, it was noted that whilst the CCG do not commission training they would promote screening and that the programmes are well resourced and some GPs performance need to improve their performance. Dr Mohi commented that whilst there are incentives performance is down to individual doctors and performance needs to be raised to achieve consistency across the Borough.

Healthwatch said that a recommendation had been made by them in regards to toothbrushes being taken into nurseries to encourage tooth brushing, but the £15,000 funding had not continued. It was noted that Matthew Cole was working on a strategy on oral health, including prevention and this would come to the Board in due course. Ceri Jacobs, Director Commissioning Operations NCEL, NHS England, advised that she would raise the issue of dentistry prevention with her colleagues at NHS England.

Discussion was held on the end of life or hospice care. Dr Mohi advised that most end of life care is undertaken by a referral by the hospital consultant. It was noted that St Francis Hospice was currently looking to expand its home support provision

as many people would prefer to die at home and more needs to be done to allow that choice. Fiona advised that further details on end of life care were within the JSNA report.

The Chair raised her concern on the confusion that seemed to have appeared recently in regards to commissioning responsibility and performance and professional standards. This was noted by NHS England.

The Board agreed the recommendation of the report to:

- (i) Consider the implications of the findings of the JSNA in the development of strategies of partnership organisations and commented accordingly;
- (ii) Support the commissioning of services by Partner organisations that align with the JSNA findings and the Joint Health and Wellbeing Strategy (JHWS);
- (iii) Assess the impact of the JSNA on the Delivery Plan of the JHWS by March 2017; and
- (iv) In-line with statutory requirements, require the Public Health Department to lead an update and refresh of the JSNA in 2017 to inform commissioning in 2017/18.

### **36. Healthwatch Barking and Dagenham Annual Report 2015/16**

Francis Carol, Chair of Healthwatch Barking and Dagenham, presented their Annual Report for 2015-16, which outlined the work undertaken by the Healthwatch team and volunteers during that period. The report also highlighted the challenges, consultations and interactions with the public, which had brought to light the public's experiences and opinions, which were then fed back to both health and social care services commissioners.

The Board's attention was drawn to a number of activities, including:

- Enter and view and project work. A total of 34 recommendations had been included in the Healthwatch project reports and 26 of those had been accepted. Lack of funding was given for the reason for some recommendations not being accepted and a response was still awaited on a number of other recommendations.

Details were set out in the report on the visits to Morris Ward, Park View and Five Elms GP Practice and the project in regards to BHRUT Phlebotomy, which had resulted in improved marketing and communications on service availability and the overall patient experience,

- A number of projects are undertaken in association with other three local Healthwatch Groups. The Chair indicated that she was pleased to see this development and commented that this could help reduce pressure across the Healthwatch teams and allow for more time on local focus.
- Work with Partners on a number of Boards and Sub-Groups

- Work with the BHRUT and CCG in regards to urgent and emergency care. This had included over 1,000 face-to-face contacts /interviews with people about their views of on urgent and emergency care, in order to ascertain both their knowledge of other alternative health options and also why they had chosen to attend A&E rather than use other options. The results had been fed back to the BHRUT Systems Resilience Group and were being used to in the development of a new care model.
- A total of 508 individual enquirers had been helped, including signposting many of them to services.
- Homeless Health would be the next major project for Healthwatch.

In response to a question from Cllr Turner, Healthwatch advised that they are working on engagement with the harder to reach sections of the community and gave the example of the work they were currently undertaking to improve engagement with young people on health issues in association with the BAD Forum.

The Board:

- (i) Received the Healthwatch Annual Report 2015-2016 and noted the work and impact that Healthwatch had had in the last year; and
- (ii) Thanked Healthwatch and its volunteers for the valuable work they do.

### **37. Healthy Weight Strategy**

Matthew Cole, Director of Public Health, presented the report and explained how the Strategy set out plans and action to be taken over the next four years to tackle one of significant health challenges the Borough faces. Matthew went on to explain how those lifestyle changes set out in the strategy could have a positive impact in improving healthy active life results across all age ranges.

In response to a question from Cllr Carpenter it was noted that schools were involved in the Health School Award Plan at Bronze, Silver and Gold levels and the Borough also had the highest uptake of Healthy School Awards in London. Public Health also fund aspects of PHSE in schools to encourage children to make better lifestyle choices. The Healthy Weight Alliance was also a pivotal part of the partnership working to improve long-term health of residents.

Cllr Turner raised the issue of encouraging healthy shopping through the use of regeneration and community initiatives to encourage private enterprise to offer healthy options, rather the more prevalent high sugar, high fat options that many sell. Matthew Cole advised that there may be some potential initiatives and support that could be provided through the food hygiene and licensing and officers would look into the options.

The issue of positive body image and mental health was also discussed. Concern was raised in regard to the officious and unfriendly prescribed wording that must be used in the letter sent to parents under the National Child Measurement Plan. This issue had been raised with NHS England by a number of agencies, including LBBD and other councils. In addition, the BMI used in those measurements were

Caucasian and other races may have a different BMI base, which could give a misleading result to parents and health professionals. Ceri Jacob noted the points and agreed to raise them with colleagues at NHS England.

Melody Williams, NELFT, advised that many parents when advised that their child is over average BMI react positively and ask for advice.

Dr Andy Heeps, BHRUT, advised that the Food Court at Queen's Hospital had been revamped and more healthy options, including a healthy option vending machine, were now available. A greengrocer concession had also recently opened at the main entrance and this was had been positively received and was being well frequented. King George Hospital food areas would be the next to be revamped.

Following discussion about how to get healthy lifestyle and eating information absorbed by parents and children and it was felt that joint campaigns could be the way forward. Anne Bristow, Strategic Director Service Improvement and Development, LBBB, suggested that officers consider how to target information to children on various initiatives, for example a book mark could be provided with healthy eating information on it, which would meet the aims to inform on healthy options and encourage children to read.

The Board:

- (i) Received and commented on the Strategy in regards to the potential to encourage healthy food choices in commercial outlets;
- (ii) Noted that consideration would be given on how to target information to children on various initiatives.
- (iii) Approved the Healthy Weight Strategy 2016-2020.

### **38. Health and Wellbeing Outcomes Framework Report - Quarter 1 2016/17**

Matthew Cole, presented the report, which in response to comments at earlier Board meetings was in a new layout style, and provided the quarter 1 performance and update on health and wellbeing in the Borough. The report highlighted areas that had improved and also indicated areas that required improvement.

The Board discussed a number of issues including, the poor performance in regards to Health Checks, care home placements and vaccination rates.

In response to a question from Cllr Turner, Matthew Cole provided information on the national initiative to ensure that all pregnant women receive a Whooping Cough (Pertussis) vaccination. Matthew said this initiative had been well received by pregnant women and had a good take-up rate locally. There had been one death locally from Whooping Cough. Dr Heeps, BHRUT, explained that maternity services vaccinations are given by GPs not at the hospital. Matthew Cole advised that he believed that a business case had been approved to allow the vaccinations at any maternity service health point, including the hospital, and he would check on this and report back to the Board in due course. Anne Bristow suggested that Partners needed to investigate ways to improve the provision of vaccination services to pregnant women, so they were provided in a patient centred way. Cllr

Turner supported the suggestions and said that it was important that vaccination services are provided by all GPs, as well as being offered at other health points.

The Chair raised the issue of additional support for the CCG in view of the additional work pressure the CCG would have following recent CQC inspections. Ceri Jacobs explained the governance role of NHS England, the support provided to Primary Care and that there were also NHS England medical directors available to support the CCG. Sharron Morrow, Chief Operating Officer, Barking and Dagenham CCG, explained that a committee had been set up to look at performance issues and to develop improvement / actions plans and how the CCG input into those plans as well as looking at poor health presentation through promotion. Dr Mohi provided information on the logistical and business planning work that was being undertaken with local GPs.

BHRUT gave an update on the 18 week Referral to Treatment (RTT) position and it was noted that the number of patients who have waited a long time had reduced by 67% since 3 April 2016. The target for operating theatre productivity had been exceeded, but there is a very significant challenge to return to meeting the RTT standards in a sustainable manner. This would involve carrying out around 5,000 operations and 93,000 outpatient appointments over an 18 month period. A management and assurance process was now in place to achieve a return to RTT standard, this included meeting with NHS England and the BHR System Resilience Group.

BHRUT assured the Board that the clinical reviews of those patients waiting over a year indicated that there were no cases where there had been clinical harm due to the length of time they had waited. The clinical review tool/programme had been so successful that it would continue to be used. Work was also being undertaken to identify capacity gaps in order that service provision would match demand.

BHRUT would continue outsourcing to independent providers, whilst BHRUT had revamped their letters, BHRUT felt they had always made it clear in their letters to patients that even if they are attending private facilities they are NHS patients and the treatment would be totally free.

Cllr Carpenter welcomed the detail provided in Dr N Moghal's letter of 16 September 2016, which included the number of LBBB residents on the waiting list by speciality, but was concerned that with 11,333 people on the list it could take two to three years to get through the backlog. BHRUT responded that they were now coping with the current demand and were also making in-roads into the backlog. Dr Heeps advised that not all discipline would need surgery and there were some conditions where they could initially be dealt with by GPs.

The Chair was concerned that pressures at A&E would be increased as people chose to go to A&E because of long waits for referred treatment, especially if they were in pain. BHRUT advised that the demand pathways are in line with national practice. Whilst some patients would turn up at the door of A&E, this pressure would be reduced by providing accessible and well signposted alternative pathway choices.

Ceri Jacobs advised that BHRUT actions and strategies were now being held up by NHS England as a good example to other health trusts who have got into difficulties on how make the necessary improvements.

In response to a number of questions from Cllr Turner, Anne Bristow advised that the trend lines would be included in future reports for information only, as the detail should be dealt with by the LBB Health and Adult Services Select Committee (HASSC).

The Board:

- (i) Received and commented on the report and noted:
  - (a) The current position of BHRUT's Action Plan in regards to the 18 week Referral to Treatments standards and the situation in regards to the individual medical disciplines as set out in Dr Moghal's letter of 16 September 2016;
  - (b) The use of clinical harm reviews as a tool to prioritise patients and the assurance from BHRUT that the recent reviews of those patients waiting to be seen / treated had indicated that there were no cases of harm found;
  - (c) The roles of the NHS England and CCG in commissioning, governance and the monitoring of GP and other primary care services;
  - (d) The LBB Health and Adult Services Select Committee is already scrutinising issues of concern around Referral to Treatment and the Committee's work programme was on the Council's website; and
- (ii) Partners agreed to investigate ways to improve the provision of vaccination services to pregnant women, in particular Whooping Cough (Pertussis).

### **39. Sustainability and Transformation Plan Update**

Sharon Morrow presented the report, which provided a further update on the development of the North East London Sustainability and Transformation Plan (NEL STP) and drew the Boards attention to the public facing summary of progress attached as Appendix A to the report. Work was now progressing to bring the five year plan into reality and to align with the pilot and devolution programmes.

Sharon advised that the NEL STP was due to be submitted on 21 October 2016. Work that still had to be done included mitigating the financial risk and strengthening the local Primary Care and Mental Health needs, following recent CQC inspections and government reports. In addition, a number of work streams and prevention priorities proposals were being developed across NEL. Sharon indicated that the proposals would be presented to Partners in October.

Anne Bristow raised concern about the mix and plans that were evolving as they did not give any assurance about local needs being met, in addition, the governance process that had worked well locally had also not been mirrored in the NHS system nationally. The Chair raised the governance issue of one local council Chief Executive representing all eight local authorities and said this was not feasible because of differing local demographics, health demands and

priorities. Ceri Jacobs advised that NHS England recognised that action and decision needed to remain at local level, for example through commissioning, and felt that the workshops planned for October would provide a good platform for discussing such concerns.

The Board:

- (i) Received the report on the progress to date, set out in Appendix A to the report, and noted:
  - (a) The Plan was scheduled to be submitted on 21 October 2016;
  - (b) Work was to be undertaken on mitigation of the financial risks, local primary care issues and, in view of the recent reports, the strengthening of the mental health sections; and
- (ii) Noted that NHS England recognised the need for local needs to be met and LBBD's concern in regards to proposed governance issues, such as all eight local authorities being represented by one council's Chief Executive, and that NHS England had suggested this could be considered at the Local Government Association workshops in October 2016.

#### **40. Improving Post - Acute Stroke Care (Stroke Rehabilitation)**

Sharon Morrow presented the report and reminded the Board that the Barking and Dagenham, Havering and Redbridge CCGs had undertaken consultation on the proposals to reconfigure the stroke rehabilitation pathways. This had included a number of public engagement / drop in sessions and presentations were also made to both the LBBD Health and Wellbeing Board and HASSC. The results of the consultation process were detailed within the report and its appendix.

Sharon stressed that the overall the response to the proposed new service model had been positive and advised that the business case had been approved by the CCG in July. The CCG Governing Body had approved the plan to commission a combined Early Support Discharge and Community Rehabilitation Service covering the Barking and Dagenham, Havering and Redbridge boroughs and centralise stroke inpatient unit / beds at King George Hospital. Plans were being drawn up to implement these changes.

The Board:

- (i) Commended the CCG on the public consultation process they had undertaken in regards to this service:
- (ii) Noted the outcome of the consultation and the decision of the CCG Governing Body to approve the business case for the stroke rehabilitation service.

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

The Board received and noted the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meetings held on



25 July and 22 August 2016.

#### **42. Sub-Group Reports**

The Board noted that no Sub-Groups had met since the last Health and Wellbeing Board.

#### **43. Chair's Report**

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

- World Mental Health Day
- Learning Disability Week
- New A&E Delivery Boards
- News from NHS England
  - Funding to set up centres of global digital excellence.
  - NHS learning from 'Pokémon GO'.

#### **44. Forward Plan**

The Board noted the draft November 2016 edition of the Forward Plan.

#### **45. Fire Fatality in Lower Board Street, Dagenham**

The Chair agreed that a verbal report could be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to share the information at the earliest opportunity with Partners of a death resulting from a fire.

Stephen Norman, Borough Commander, London Fire Brigade, provided a verbal report on a fatal fire that had occurred in Lower Board Street, Dagenham, on 25 September 2016.

Stephen advised that the property was the home of three people, two of whom had been present when the fire had started, namely the mother and son. The son had a disability that affected his mobility significantly. It was understood that the mother had settled her son in bed, then went downstairs to prepare food and that the fire had started some time after that. Fire crews from Dagenham and Wennington had been dispatched and arrived in 6 minutes 4 seconds. Sadly the son died as a result of the fire.

The formal investigation was now underway and the Brigade were also working with the Council to see if there was anything that could have been done to prevent the death or if there was any learning that could be used for the future.

The Board:

- (i) Received the verbal report from Stephen Norman, Borough Commander, London Fire Brigade, in regards to a fatal fire death of a vulnerable person; and
- (ii) Noted that further details and would be provided to Partners following the completion of the formal investigation.

#### **46. NELFT CQC Inspection**

The Chair agreed that a verbal report could be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to share the results of the CQC Inspection of NELFT at the earliest opportunity with other Partners.

Bob Champion, Executive Director of Workforce & Organisational Development read out a statement from John Brouder, Chief Executive NELFT, in regards to the Care Quality Commission's (CQC) Inspection of NELFT that had taken place over the 4 to 8 April 2016 and 14 April 2016. The CQC Inspection report was published on their website today (27 September 2016).

A total of 14 core services had been inspected by CQC and of those nine had been rated as 'Good' and four as 'Requires Improvement' and one as 'Inadequate'. This had led to an overall CQC rating of 'Requires Improvement' for the Trust (the full statement is available at [NELFT Statement](#)).

In response to a question Bob advised the Board that Brookside had been shut to look at improving the environment and general refurbishment had now been undertaken. The opportunity had also been taken to undertake retraining of staff.

The Chair commented that she was disappointed that there was no longer any part of the NHS that did not have a problem and of which it could be said that it was working well for residents of the Borough.

The Board:

- (i) Received the verbal report from Bob Champion, Executive Director of Workforce & Organisational Development, NELFT on the CQC Inspection of NELFT, which had been published today; and
- (ii) Noted that NELFT had received an overall rating of 'Requires Improvement' and that a more detailed report in regards to the report and the Action Plan for Improvement would be presented by NELFT in due course.