

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 14 March 2017
(6:00 - 7:35 pm)

Present: Cllr Maureen Worby (Chair), Cllr Sade Bright, Anne Bristow, Cllr Laila M. Butt, Frances Carroll, Bob Champion, Matthew Cole and Cllr Bill Turner

Also Present: Sarah D'Souza, Max Chauhan and Cllr Eileen Keller

Apologies: Conor Burke, Cllr Evelyn Carpenter, Ceri Jacob, Dr Nadeem Moghal and Sean Wilson, Sarah Baker and Stephen Norman

72. Declaration of Members' Interests

There were no declarations of interest.

73. Minutes - 31 January 2017

The minutes of the meeting held on 31 January 2017 were confirmed as correct.

74. NELFT CQC Comprehensive Inspection - Quality Improvement Plan

Councillor M. Butt arrived during this item.

Bob Champion, Executive Director of Workforce and Organisational Development and Melody Williams, Integrated Care Director, NELFT jointly presented the report, which provided an overview of the Quality Improvement Plan that had been put into place following the CQC Comprehensive Inspection of NELFT during April 2016. That Inspection had resulted in an overall CQC rating of 'Requires Improvement'. The priority areas for action had centred on:

- The safe and effective assessment and management of clinical risk across all mental health services, especially in acute wards for adults of working age;
- Care plans that reflect patient needs and include patient contribution;
- The ward and environmental ligature reduction programme was expedited and risk assessments are known and understood by staff;
- Clean and safe clinical environment in the adolescent unit;
- Providing facilities and an environment to promote recovery, without any blanket restrictions;
- Safer staffing and improved governance in regards to reporting of clinical risk;
- Improved reporting of incidents in the adolescent unit;
- Improving the assessment of needs and planning of care in some services;

- Application of the 'fit and proper person' test.

NELFT drew attention to the significant improvement at Brookside, as detailed in the report, which had enabled it to be reopened in October 2016.

The Chair commended NELFT for its positive and rapid response when the Inspection report had been received, the work undertaken with partners to produce its quality improvement action plan and the effort and focus staff had given to resolve the issues.

Frances Carroll, Healthwatch, drew attention to paragraph 2.9 of the report and that CCG had not yet confirmed any further contract reductions for NELFT service within the CCG recent published service plans to achieve the savings required. Frances asked if it was known what cuts would be expected and when we would be advised. Sarah D' Souza, CCG, advised that a collaborative partnership board had been set up to look at moving away from the traditional 'salami slicing' of budgets and towards a more holistic and innovative approach to achieving £2.2m savings with NELFT. The potential savings would include a vigorous challenge by the clinicians to check the impact, feasibility and safety of each area of change. Parity of Esteem funding has been used to fund crisis pathways and work was also ongoing in regards to safer clinical wards.

The Chair advised that this collaborative board would report into the Integrated Partnership Board, which she also chairs. Once the draft business plan had been compiled, consultation would be undertaken. The Chair stressed that the anticipated £55m savings were not going to be easy to find and decisions would need to be made on where the effect of cuts could be mitigated and innovation used to provide safe and effective services.

Councillor Turner, LBBD Cabinet Member for Corporate Performance and Delivery, asked if there was any further information on what we must do, should do and would like to do for the NELFT services. The Chair suggested that additional information could be found through the electronic links detailed in the reports but should those links not provide the information required then contact should be made with the appropriate officer.

The Board:

- (i) Noted the rapid progress that had been made to improve from a CQC 'Requires Improvement' overall rating, which included the reopening of Brookside, and the ongoing work on the quality improvement action plan; and
- (ii) Noted that a further report would be presented from Barking, Havering and Redbridge (BHR) CCG, possibly to the next meeting, on the options to meet NELFT savings target.

75. Barking Riverside Healthy New Town

Max Chauhan, representing BHRUT, arrived during this item.

Fiona Wright, Consultant in Public Health Medicine, LBBD, gave a presentation on the background to the Barking Riverside development and the importance of its

role in the regeneration of both the Borough and the east of London sub-regional area. The development would provide 10,800 primarily family home units of mixed tenure that will bring an expected 30,000 residents to Barking Riverside, a high proportion of which would be children and young adults. In addition, the aim was for the community assets at Riverside, including recreational, open space parkland and riverside mud-land areas, to be managed by the community in due course.

Fiona also explained the principles behind being a Healthy Town and the work that had been undertaken for Barking Riverside to become the only Healthy New Town site in London. The bid had resulted in funding of £150,000 this year and around £180,000 for the next two years and also support from NHS England and others to roll out the new Healthy Town project.

The presentation also covered the priorities and proposed activities, which were also set out in the report, around the principles of:

- Connected Community / No-one left behind
- Lifelong Health
- Sense of Place
- Healthy Mind and Body
- Future Health and Care.

Fiona also drew attention to the 10 Healthy Town Principles, which were already included in the Section 106 development strategy, and the need to use learning from Barking Riverside in other development in the Borough. This could be extended to each locality to ensure that the 10 Healthy New Towns principles are embedded within the growth areas.

In response to a question from Councillor Bright, LBBB Cabinet Member for Equalities and Cohesion, Fiona confirmed that community engagement was an integral part of the project and that a variety of engagement routes had been used in order to obtain the views and needs of all residents, including the hard to reach groups and the elderly.

In response to a question from Healthwatch, in regard to the growing health concerns from air pollution, Fiona advised that the number of car spaces would be limited and there would be walkways, cycleways and public transport to encourage active travel, which together with the work being undertaken on biodiversity and planting would reduce the air pollution. The Chair reminded the Board that the A13 tunnels would also help to reduce the pollution along the whole A13 corridor.

The CCG commended Fiona for her work, which had been instrumental in bring health and planning together. Sarah D' Souza, CCG, explained the way in which the CCG were planning to roll-out the health services as the project progressed and more people moved into the area. This would include utilising the under capacity at the three existing GP surgeries and the Health Centre by providing extended hours and more flexible use of the central space. Sarah explained that services would be monitored and further facilities would be engineered to open to provide the extra capacity as the tipping point on pressure was reached. Healthwatch asked what additional acute health provision would be provided as the numbers of people expanded, bearing in mind the pressures that were already being experienced in the local hospitals. Sarah advised that a new large centre

would be opened at Barking Reach, which would enable more services to be provided locally, however, the CCG were also aware of the planning required for acute needs. Cllr Turner was concerned about the impression that was being given to existing communities in the area, including Thames View, and the language being used especially phrases such as 'under capacity' when residents were waiting for days, or weeks, for appointments and treatment locally. Sarah responded that it was more about the density of use of the existing buildings and shared use, for example one reception for all GPs. Matthew Cole, Director of Public Health, reminded the Board that the intention of the PCT Lift Programme was to do exactly that, including higher use through initiatives such as three-shifts per day services, but it was only now that the Lift ideals were starting to come to fruition. It was suggested that discussion should be held with the Ward Councillors on how to impart information on the proposals and to engage with residents. Anne Bristow advised that the NHS was also looking at the various forms of local provision, such as walk-in, out-of-hours, health centres and poly-clinics, as this could be confusing for the public.

The Board noted the definition of affordable housing and that discussions were being held with developers to maximise the opportunities for local people through various types of tenure / ownership.

The Board:

- (i) Endorsed the vision of Barking Riverside Healthy New Town, as set out in the report;
- (ii) Recommended that each locality ensures that the 10 Healthy New Towns principles are embedded within the growth areas of their locality;
- (iii) Agreed that the learning from Barking Riverside Healthy New Town is considered on a regular basis to inform other developments within Barking and Dagenham; and
- (iv) Noted that a meeting would be arranged with the Ward Councillors in regard to the approach to explain capacity and other proposals to residents.

76. Health and Wellbeing Outcomes Framework Report - Quarter 3 2016/17

Matthew Cole, Director of Public Health, presented the report which provided an overarching dashboard and drew attention to a number of specific indicators, including immunisations, teenage conception rates, smoking quitters, permanent admissions of over 65s to residential and care homes, health checks, diabetes, and cancer screening. and across the life course performance.

The issue of resident turn over and the effect that appeared to be having on children presenting for their immunisations was discussed and how the Children's Health Improvement Programme (CHIP) should enable children to be followed easier. It was noted that the CCG did not appear to have a target set and Matthew advised he would be discussing this with the CCG in due course. Councillor Turner stressed the risk this posed to children and asked if there was a need to look at institutionalised practice, especially to improve hard to reach groups. Councillor Turner asked if the practice level performance could be provided at the next meeting.

The Chair commented that she was concerned about the delay on achieving the target for health checks for Looked After Children, especially as we know where they are, GPs in the same borough policing their colleagues and a number of other issues. In view of this the Council had now formally requested a meeting with the CCG to discuss what proactive and other action they would undertake to deal with persistent year-on-year GP underperformance in achieving their targets.

The Board:

- (i) Noted that NHS England had devolved performance monitoring to a local level;
- (ii) Reviewed the overarching dashboard and noted the detail provided on specific indicators and raised its concern on the continued underperformance by some GP practices across a number of areas including, health checks, diabetes, smoking, vaccinations and cancer screening and also the delay on achieving the target for health checks for Looked After Children;
- (iii) Noted that the Council had formerly requested a meeting with the CCG on action that it would be taking to improve persistent year-on-year GP performance target under achievement; and
- (iv) Requested that GP practice level performance data is be provided at the next meeting.

77. Future Health and Wellbeing Board Dates 2017-18

Anne Bristow pointed out that the dates of meetings were known in advance. Whilst substitution was not acceptable under the Constitution, regular attending support staff do occasional attend to represent Board Member's organisations. The Chair stressed that part of the trade-off in accepting the NEL STP was that there would still be a focus on health issues at the local level and the Board was a significant part of that. However, there appears to be a lack of consistent attendance from some Board Members and their organisations.

The Board received the report:

- (i) Confirmed the dates set out in the report and noted that four of the dates fall on a Tuesday and three on a Wednesday, which was to facilitate the attendance opportunities for Board Members who are unable to attend on some Tuesdays, due to other official engagements; and
- (ii) Concern was raised about the lack of consistent Board Member attendance. Democratic Service have been asked to provide details for circulation to Board Members.

78. Integrated Care Partnership Board Update

Councillor Turner left during this item.

The Chair advised that further to Minute 67, January 2017, it was now anticipated

that that the decision on the North East London Sustainability and Transformation Plan (NEL STP) would be advised within the next week or so. What was clear was that the Government would be progressing forward with London health devolution, however, it was not clear how this would affect the two areas that are running pilot schemes, which could be slightly different to the anticipated STP and devolution programmes.

As discussed at earlier Board meetings services need to be delivered differently and the ICPB was the route for partners to come together locally and make the necessary decisions for the pooling of budgets and different ways of working to enable change to become a reality.

The Board:

- (i) Noted the update on the work of the Integrated Care Partnership Board (ICPB) and that the minutes of the ICPB would be reported to the Board on a regular basis; and
- (ii) Noted that the decision on the Sustainable Transformation Programme was now expected by the end of March 2017.

79. Sub-Group Reports

The Board noted the reports of the:

- (i) Integrated Care Sub-Group
- (ii) Mental Health Sub-Group
- (iii) Children and Maternity Sub-Group and Children's Trust
Following a review of the Children and Maternity Sub-Group and Children's Trust these had now both been disbanded.
- (iv) Children's Partnership Board (CPB)
Noted that the Children's Partnership Board had now been set-up and would be a sub-group of the Health and Wellbeing Board.

The Children's Partnership Board would concentrate on a smaller number of agreed priority areas to ensure that the approach is solution focused and encourages working in partnership to unblock problems and issues.

80. Chair's Report

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

- **Healthy Workplace Charter**
The Chair encouraged Partners to consider the Charter in their organisations, if they had not already done so.
- **Healthy Schools Survey**
This survey was being undertaken in secondary schools within the Borough. The children would be providing the details themselves through an online confidential survey. The results from the survey would provide real and more

accurate local data that will help prevention and planning work in the future.

- Mayesbrook Park Lifestyle Hub
The Chair suggested that the hub could be promoted as an activity by partners to encourage healthy activity, especially for residents in the vicinity of the Park.
- January Integration Workshop
- News from NHS England

81. Forward Plan

The Board noted the draft May edition of the Forward Plan and the deadline for any changes to be made.

82. BHRUT Inspection

The Chair advised that following the latest CQC Inspection, BHRUT Trust was now out of special measures and on behalf of the Board thanked the staff for their efforts to achieve 'Requires Improvement'.

The Board also noted that update reports from BHRUT should be presented at a future meeting on the progress on their action plan to achieve a 'Good' or better rating.