MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 12 June 2018
(6:03 - 8:08 pm)

Present: Cllr Maureen Worby (Chair), Anne Bristow, Cllr Evelyn Carpenter, Bob Champion, DI John Cooze, Sharon Morrow, Cllr Lynda Rice and Nathan Singleton

Also Present: Cllr Eileen Keller, Elspeth Paisley, Dr Magda Smith and Fiona Wright

Apologies: Matthew Cole, Dr Jagan John, Dr Nadeem Moghal and Cllr Margaret Mullane,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Appointment of Deputy Chair

The Board resolved to appoint Dr Jagan John as the Deputy Chair for the 2018/19 municipal year.

3. Minutes (13 March 2018)

The minutes of the meeting held on 13 March 2018 were confirmed as correct.

4. Barking and Dagenham General Practice Access Update from Barking and Dagenham CCG

The Board received an update from Lucy Botting and Simon Clarke on the current work the Barking, Havering and Redbridge Clinical Commissioning Group (BHR CCG) was undertaking to improve access to patients across Barking and Dagenham (B&D), following the publication of the Healthwatch annual summary report which highlighted concerns around GP access for the local community.

Ms. Botting explained that B&D was served by a GP Federation which supported the 36 GP practices in the Borough. The position at June 2018 showed that 29 practices were rated ‘Good’, up from 24 in March 2017, while 6 ‘Required Improvement’ and 1 was ‘Inadequate’, down from 5 in March 2017. GP numbers had increased from 93 to 97 in the period September to December 2017 while General Practice Nurse numbers had increased from 36 to 41 over the same period. A key national and local priority of the CCG was attracting and retaining GPs and a NHS England international recruitment initiative had resulted in 21 new doctors recently being recruited, with 7 earmarked for B&D. A GP Salaried Portfolio Scheme was also expected to result in 16 new GPs being in place across the BHR region by September 2018 and Ms. Botting undertook to confirm the exact number that were to be allocated to B&D. The Strategic Director for Service Development and Integration recognised that the “challenged health economy” in B&D, which had received the lowest rating from the Care Quality Commission (CQC), could be a barrier to recruitment and retention of staff, although Ms.
Botting and Sharon Morrow both commented that many professionals were keen to work in challenging areas such as North East London.

Ms. Botting outlined the developments that had or were being implemented to improve access to GPs, which included a minimum of 85 patient contacts per 1000 patients in 2018/19, rising to 110 per 1000 by 2021 in order to keep up with the growing demand for consultations. A graph highlighting appointment capacity versus utilisation for the two GP Hubs serving the Borough showed a slight under-utilisation, although the point was made that it was unrealistic to expect all GP appointments to be utilised and some patients could have difficulties attending a site that was not in their immediate locality. It was also noted that five extra GP sessions and additional nurse hours were in place to serve the Thames View / Barking Riverside community.

Ms. Botting also drew attention to an improvement in diabetes patients receiving all eight care processes, which had increased from 24% in October 2016 to 60% by September 2017 and had a target of 80% over the next year. The Strategic Director acknowledged the improvement but pointed to the fact that 40% remained unaccounted for and also that a better reflection would be to show those receiving the nine care processes. The CCG were also encouraged to refer to the findings of the Council’s scrutiny review into diabetes care and services that had been undertaken several years ago, as well as other data compiled by the Council and others on the local demographics. Ms. Botting referred to the fact that some patients chose not to engage in the process and agreed to report back to the Board when the latest data was available.

Other issues that arose during the discussions included:

(i) The ‘Enter and View’ visits that were due to be undertaken by Healthwatch over the coming year. Ms. Botting suggested that the planned visit to the Porters Avenue surgery be rescheduled to next year while a procurement process at the practice was being undertaken;

(ii) The limited time that the standard 10 – 12 minute appointment time provided for those patients with complex or multiple health issues. Ms. Botting advised that the CCG was looking to introduce measures to alleviate that particular issue and also pointed out that patients were able to book double appointments in those instances;

(iii) The difficulties that many patients experienced with GP reception staff when trying to book an appointment. In that respect, Nathan Singleton of Healthwatch agreed to share details with the CCG of the factors highlighted by the 27% of respondees to the annual survey who complained about limited access to GPs;

(iv) The more prominent role that could be played by community pharmacists. Mr. Clarke agreed that there was scope for pharmacists to have a greater role and he had recently met with pharmacy representatives to take that matter forward;

(v) The success of the new multi-disciplinary model between the North East London NHS Foundation Trust and Thurrock Council;

(vi) The continuing need for improved communication with residents on the GP services available to them as well as more flexibility within the service, particularly in relation to GP Hubs accepting walk-in patients when there are vacant appointments; and

(vii) The national PMS review, the challenges associated with the ‘equalisation’
in GP surgery funding and the reliance of the CCG on GPs regularly submitting updated information. In respect of the latter, Mr. Clarke agreed to liaise with STP team regarding GP targets and outcomes and share the information with Board Members.

The Chair thanked Ms. Botting and Mr. Clarke for their presentation and extended an invitation to attend a future meeting to update the Board on the progress being made.

5. Authority to enter a Section 75 Agreement to govern the operation of the Better Care Fund 2018/19 and 2019/20

The Board received a report on the proposal to enter into an agreement under section 75 of the National Health Service Act 2006 (Section 75 Agreement) with Havering and Redbridge Councils regarding the delivery of a shared Better Care Fund (BCF) programme for 2018/19 and 2019/20.

Mark Tyson, Commissioning Director for Adults’ Care and Support, explained that the Better Care Fund arrangement between B&D, Havering and Redbridge sought to address the mounting budgetary and demand pressures through health and social care integration. The Joint Narrative Plan (JNP) previously considered by the Board had now been endorsed by NHS England, paving the way for the Section 75 Agreement. The JNP set out how the arrangements would deliver against the key requirements set out in the National Guidance and Policy Framework for the BCF and included details of the governance arrangements between the three Boroughs and the joint funding position, of which B&D’s contribution would be £24.237m in 2018/19.

It was noted that use of the joint pool funding would be overseen by a Joint Overview Group (JOG) and any proposals to withdraw from agreements would require the explicit approval of the JOG, with the Health and Wellbeing Board being advised accordingly. Similarly, the JOG would explore further opportunities for future pooling.

Arising from the discussions:

(a) The Commissioning Director confirmed that Havering Council was leading on a review of the Joint Assessment and Discharge service;

(b) The Chair expressed criticism of the Government’s use of the BCF to dictate to local authorities on what the areas of focus must be, rather than leaving such decisions to those that better understood the local pressures and priorities; and

(c) The Chair commented on the change in leadership at Havering Council following the local elections and welcomed the opportunity to discuss its priorities and vision for the BCF joint arrangements.

The Board resolved to delegate authority to the Strategic Director of Service Development and Integration (and her successor), in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law and Governance, to enter into a Section 75 Agreement for the purposes of operating a shared Better Care Fund programme across Barking and Dagenham, Havering
6. **Authority to enter a Section 75 Agreement for the continued provision of a four-Borough Emergency Duty Team for Adult Social Care**

The Board received a report on the proposal to enter into a Section 75 Agreement with Havering, Redbridge and Waltham Forest Councils regarding the continued delivery of an Emergency Duty Team to provide emergency and out-of-hours social work services to adults, including urgent assessments under the Mental Health Act 2007.

The Commissioning Director for Adults’ Care and Support advised that a significant amount of collaborative work had been undertaken by the four Councils to improve and reshape the service specification. A formal market engagement exercise had identified the existing service provider, the North East London NHS Foundation Trust (NELFT), as the sole organisation willing and able to deliver the new service, under an initial two-year contract with provision to extend for up to a further two years.

The Board **resolved** to delegate authority to the Strategic Director of Service Development and Integration (and her successor), in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law and Governance, to enter into a Section 75 Agreement for the purposes of operating a shared Emergency Duty Team for Adult Social Care across Barking & Dagenham, Havering, Redbridge and Waltham Forest.

7. **Healthwatch programme of work - 18/19**

Elspeth Paisley, Acting Manager of Healthwatch Barking and Dagenham, introduced the proposed work schedule for the organisation for 2018/19.

Raising awareness of Healthwatch’s role as the independent champion for the public for health and social care would continue to be a key focus for the year, with weekly engagement events planned across every ward of the Borough alongside promotional videos, press releases and volunteer-recruitment sessions. Councillor Carpenter asked to be kept informed of planned activities within Becontree ward so that she could publicise them in her ward newsletter.

Mental health and social isolation had also been identified by the local community as areas of focus and Ms. Paisley confirmed that the findings and recommendations would be presented to the Board in due course. Referring to last year’s Healthwatch annual survey, Ms. Paisley advised that more quantitative and qualitative data on GP services would be gathered and Healthwatch would be working with GPs to improve the patient experience.

The Chair commended the work of Healthwatch and suggested that more emphasis could be given to young people, either in relation to services they receive or through liaison with organisations such as the Youth Forum to better understand their views and experiences. Observations were also made in respect of work being led by the Council regarding social isolation which could link in to Healthwatch’s programme, the Street Drinking study and Life Planning approach. Bob Champion referred to Healthwatch’s report on Dementia Services which was due to be released and he was pleased to inform the Board that the Barking and
Dagenham Memory Service had achieved MSNAP accreditation from the Royal College of Psychiatrists.

The Board resolved to note the report on Healthwatch Barking & Dagenham’s annual work plan for 2018/19.


The Board received and noted a presentation from Fiona Wright, LBBD Public Health, on the Outcomes Framework performance report for the quarter period ending 31 March 2018, which included the usual performance data and CQC inspection information as well as additional information on performance indicators that were frequently RAG-rated ‘red’.

A key area of concern related to the “prevalence of children in Year 6 that are obese or overweight”, where B&D had the second highest proportion in England at 43.8% in 2016/17. The Chair advised that several pieces of work had already been undertaken on the subject and it was important to ensure that the information was used going forward. This included a Partners in Creation study into behaviours and attitudes of local families towards healthy weight which would be presented at the next Board meeting. The Chair had also discussed her concerns with Councillor Keller, Chair of the Health Scrutiny Committee, which could possibly lead to a future scrutiny review of the subject. Points were also made regarding the promotion of breast feeding and the “daily mile” walking initiative in schools, which was already taking place in approximately 70% of the Borough’s primary schools, and other opportunities within the school curriculum. The Strategic Director referred to discussions with Headteachers and Governors regarding the results of the recent Schools’ Survey which included issues relating to obesity and agreed to bring the relevant information to the Board.

Other issues arising from the Board’s discussions included:

(i) MMR2 Immunisation for 5-year olds – Several campaigns were underway to raise awareness of the importance of the vaccine;
(ii) Healthy Lifestyles Programme – Concern was expressed at the percentage of patients that were lost from the programme due to incorrect contact details or a failure to engage. It was also confirmed that the former indicator data would continue to be collected alongside the new indicator;
(iii) Breast Screening – ‘At Risk’ letters had been sent out in May to those local women impacted by the nationwide error where 450,000 women had not been invited to attend a breast screening;
(iv) Under-18 conception rate – There had been significant improvement in recent years although B&D continued to perform above the London and England averages;
(v) Health Analytics contract – It was noted that the CCG had ceased the contract. Sharon Morrow advised that there were plans to change the system and the CCG were awaiting feeding from the Council on some related issues; and
(vi) CAMHS service – Despite the increase in demand for the service, the Transformation Plan was having a positive effect on outcomes and it was intended that a national access standard comparator would be provided in future reports.
9. ** Refreshing the structure of the Health & Wellbeing Board **

The Commissioning Director for Adults’ Care and Support introduced a report on proposed changes to the support structure and working arrangements of the Board.

The Commissioning Director explained that the considerable change amongst key partner arrangements, the development of stronger system leadership arrangements between B&D, Havering and Redbridge Councils and the role of the localities in the on-going strategy for health and social care had provided a good opportunity to review and enhance the existing arrangements. The proposals built on the outcomes from earlier workshop sessions on the future direction and vision for the Board and included streamlined sub-structure arrangements alongside more meaningful dialogue and communication across the BHR Integrated Care Partnership, underpinned by a Joint Commissioning Board and a Provider Alliance.

Another key component would be the launch of ‘Shadow Locality 4’, covering the Barking Riverside area, as the initial locality model for the delivery of joined up health and care services. The Barking Riverside area had been chosen as the model as it largely provided a blank canvass, which would not be the case in the other established locality areas within the Borough. It was noted that the emerging Health and Wellbeing Strategy would also inform future arrangements.

The Board ** resolved ** to:

(i) Note the report and the current direction of travel of the Board and the emerging Health and Wellbeing Strategy;

(ii) Confirm the proposed amendments to the Board’s membership;

(iii) Agree the proposed amendments to the substructure of the Board and the way that the Board operates in future, to better reflect the wider partnership environment, particularly in Barking & Dagenham, Havering and Redbridge; and

(iv) Note the proposed improvement in wider partnership engagement.

(During consideration of this item, the Board agreed to extend the meeting for a reasonable period beyond the two-hour threshold, in accordance with the provisions of Part 2, Chapter 3, paragraph 7.1 of the Council Constitution.)

10. ** Sub-Group Reports **

The Board received and noted the report of the Integrated Care Partnership Board meeting on 26 February 2018.

11. ** Chair’s Report **

The Board received and noted the Chair’s report, which included details of Barking and Dagenham recently being named “Council of the Year” and receiving the
“Driving Growth” award at the recent Local Government Chronicle Awards 2018, in recognition of the continuous hard work of the Council and its partner organisations. The Chair also referred to the revised details for the Health and Wellbeing Strategy Refresh Workshops as follows:

- 4th July 2018, 1.30-4.00pm Barking Learning Centre: Best Start in Life;
- 9th July 2018, 1.30-4.00pm Barking Learning Centre: Early Diagnosis and Intervention;
- 18th July 2018, 1.30-4.00pm Barking Learning Centre: Building Resilience through prevention to achieve better health and wellbeing.

12. Forward Plan

The Board received and noted the current Forward Plan for the 2018/19 municipal year.

13. Anne Bristow, Strategic Director of Service Development and Integration

The Chair placed on record the Board’s sincere appreciation to Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive, who was attending her last meeting of the Board before retiring from the Council on 18 June 2018.

The Chair spoke on Anne’s commitment and contribution to improving the lives of Barking and Dagenham’s residents during her 12 years as Director and her pivotal role in the Board becoming the most successful across the region.