MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 26 January 2016
(6:00 - 9:02 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Dr Muhammed Ali, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Helen Jenner, Cllr Bill Turner, Melody Williams and Sean Wilson

Also Present: Sarah Baker and Cllr Eileen Keller

Apologies: John Atherton, Dr Nadeem Moghal, Chief Superintendant Sultan Taylor, Dr John, Jacqui Van Rossum and Terry Williamson

58. Declaration of Members' Interests

NELFT representatives declared a Pecuniary Interest in agenda item 14 (Contract - Waiver for Healthy Child 5-19 Programme (School Nursing and National Child Measurement Programme)) and took no part in the discussions or decision.

59. Minutes - 8 December 2015

The minutes of the meeting held on 8 December 2015 were confirmed as correct.

60. Delivering the 2020 Ambition for World Class Cancer Outcomes

Matthew Cole, Director of Public Health, LBBD, introduced the presentation on the delivery of world class cancer outcomes ambition and explained how it would be essential to change how things were done to improve outcomes for patients.

The CCG advised that six strategic priorities had to be delivered over the next five years, which would put a focus on prevention, earlier diagnosis, patient experience and support for people with and after cancer through investment and commissioning, the details of which were set out in section 3 of the report.

London Cancer and the NHS England New Models of Care Cancer Vanguard, had been set up in 2011 to serve 3.2million people across the north east and central London and Essex and its aim was to improve outcomes by tackling late diagnosis, variation in practice, fragmented care pathways and experience of people with cancer. The Board's attention was drawn to the changes and successes that had emanated from those initiatives.

The Board discussed:

- The need to reduce variation in outcomes across the geographical area and cancer conditions and noted that four task and finish groups had been set up to develop and deliver a work plan.
- The need to improve people's knowledge around signs and symptoms.
- The cancers that where occurring in higher rates locally.
- The significant negative effect that smoking was having on cancer rates locally and action that might be taken to reduce smoking, including

- Partners using their own building / organisations estates and practices to make smoking less acceptable.
- Looking at providing smoking cessation services in a radical new way.
- Targeting young smokers in a different way and by empowering them to make healthy lifestyle choices.

- The potential to coordinate health messages /campaigns, which issues should be targeted jointly and if there needed to be prioritisation to stop information overload.
- The work that had been undertaken in Southcentral Foundation Nuka system of Care (Alaska USA) and by Camden CCG and how the lessons learned there could be of use locally.
- Accepted that areas with similar demographics may need to be targeted differently'
- Partners might want to jointly consider community needs and look at the potential to operate direct outreach services to difficult to target groups.
- Improved survivorship rates could result in long-term health / physical conditions, which would require an 'attitude and operational shift' to reflect this, especially at GP level.
- How this could be undertaken by supporting radical change through funding and commissioning initiatives.

The Board:

(i) Noted the problem of LBBD residents presenting themselves at a late stage of symptoms for medical assessment, either at their GP's or through other medical routes, and how this late presentation affected the treatment available and the subsequent survival rates;

(ii) Noted that GP's needed training in the tools available that would improve their identification of signs of cancer;

(ii) Noted the need to improve residents' knowledge of signs and symptoms that should be checked by a medical professional and the need to increase residents' participation in medical screening / testing;

(iii) Noted that rectal / colon and smoking related cancers were still of significant concern locally; and

(iv) Agreed that a workshop session should be arranged to enable a more in-depth discussion between partners and stakeholders on how to provide future service delivery, improve residents' knowledge and testing take-up rates.

61. Improving Post - Acute Stroke Care (Stroke Rehabilitation) Consultation

Clare Burns, Deputy Chief Operating Officer (DCOO) of Havering Clinical Commissioning Group and the Lead for this consultation, delivered a presentation outlining the proposals for the delivery of stroke rehabilitation services across the London boroughs of Barking and Dagenham, Havering and Redbridge. Clare reminded the Board that the Case for Service Change was developed to remove the disparity of service provision and complicated pathways for post-acute stroke care for both medical professionals and patients and thereby provide an effective

community stroke rehabilitation service that would be able to achieve the best possible outcomes for patients. The ageing population was also a driver of demand for post-acute stroke care.

A stakeholder workshop had been held in October 2015, following which the CCG Governing Body agreed a pre consultation business case. This formed the basis of the proposed service changes under consultation, the details of which were set out in the report. The three local Healthwatch organisations had helped to produce the consultation document and the proposals were now in a 12 week consultation phase.

The Board discussed a number of issues including the proposals to have the service delivered by one team, based at King George Hospital, to increase early supported discharge (ESD) that would provide a full range of therapies to improve rehabilitation support in patients own homes, the benefits of individualised care and rehabilitation that would be tailored to each patients needs, for example patients learning to use their own kitchen and kettles again rather than a generic kitchen.

Councillor Keller advised that the proposals had been considered by the LBBD Health and Adult Services Select Committee at its meeting held on 13 January 2016.

The Board commended the clarity of the consultation document and the proposals within it.

The Board:

(i) Noted the proposals set out in the report for changes to the Acute Stroke Care provision, which included the creation of a stroke expertise and treatment centre at King George Hospital;

(ii) Noted the proposals to improve Early Supported Discharge (ESD) to enable patients to undertake rehabilitation in their own homes, which would include a full range of therapies such as physiotherapy, speech and language therapies and physiological support;

(iii) Noted that the consultation programme on the proposed changes was underway;

(iii) Agreed that the Chair would write to the CCG on behalf of the Board to advise that the Board supported the proposals set out in the report; and

(iv) Noted that a further report would be presented following the completion of the consultation process.

62. Learning Disability Partnership Board Strategic Delivery Plan Update

Mark Tyson, Group Manager, Integration and Commissioning, LBBD, introduced the report and explained that the aim was to give assurance to the Board that the work plan, which included the Learning Disability Self Assessment Framework, Autism Strategy, Winterbourne View Concordat, Transforming Care agenda, Challenging Behaviour plan and the Carers Strategy, was being delivered by the

Learning Disability Partnership Board (LDPB).

The Board's attention was drawn to the details within the report and in particular the R.A.G. ratings within the plan. Mark advised that 27 actions were on track (green), 11 needed further action (amber) and only one needed further significant work (red), which was the need to review the accuracy of data recording and validation between cohorts for Health Checks for people with learning disabilities.

It was noted that the Winterbourne View Concordat had also been reviewed and the cohort turn-over had indicated that this was now performing better than the London average and, more importantly, there had been no re-admissions.

Discussion was also held on:

- The Autism Strategy and the transition service that was in place for children moving to adult services, and how this was working well.
- The report into a death in Walthamstow, where the lack of a Health Check had been cited as a contributory factor.
- The links across the Community Learning Disability Team (CLDT) and Primary Care provision locally and how this needed to be looked at further.
- The CCG were taking the Health Check issue back to their Board to discuss resources and potential changes in regards to GPs validating Health Checks.
- The Delivery Plan style and method of reporting adopted by the Learning Disability Partnership Board.

The Board:

(i) Noted the progress that had been made in implementing the Learning Disability Partnership Board Delivery Plan and the actions that would be taken forward to maintain or improve services for people with learning disabilities and Autism;

(ii) Agreed the actions set out in the Plan to improve current performance around health checks and health action plans for people with learning disabilities and Autism;

(iii) Noted a further update on the LDPB Delivery Plan would be presented to the Board in the summer; and

(iv) Agreed that the Delivery Plan style and method of reporting adopted by the Learning Disability Partnership Board provided assurance to the Health and Wellbeing Board that its requirements were being met and that the same style and method of reporting should be replicated by other Board sub-groups.

63. Market Position Statement Update 2015

Monica Needs, Market Development Manager, LBBD, presented the report and explained that the Market Position Statement (MPS) had last been published in July 2014. The context of social care had changed dramatically over the past 12 to 18 months and the MPS had now been refreshed to reflect those changes,

which included the implications of the Care Act, increased pressures on Council budgets, growth demands and other significant local developments, for example the personal assistant market.

The Board discussed a number of issues including:

- The changing focus for the market towards prevention and wellbeing.
- The support for an estimated 16,000 carers.
- Information pathways and advice for both providers and residents.
- The aim to provide more joined-up services in conjunction with partners
- The work being undertaken, in association with providers, to develop the local market for social care.

The Board:

(i) Noted the Market Position Statement (MPS) update and how the MPS was affected by the changing care market, including Care Act responsibilities, shifting demographics, budget pressures and growth opportunities, details of which were set out in the report

(ii) Noted that a further report would be presented in the autumn.

64. Health and Wellbeing Performance Report 2015/16 - Quarter 2

Matthew Cole, presented the report and drew the Board's attention to the performance details set out in the report.

The Board discussed a number of issues including:

- Urgent Care and the improved A&E performance locally, which had achieved 90% of people seen within four hours. Work was ongoing to achieve the 95% target.
- CQC Inspections for BHRUT, London Ambulance Service and Maternity Services at Homerton Hospital.
- The review of GP practices, four of which were rated as good. Two had been rated as needing improvement, although this was primarily around the need to improve processes, and work was being undertaken by the CCG and the practices involved to address the issues.
- Immunisations.
- TB rates.
- Mental health services including, CAMHS access and waiting times, Care Programme Approach and the IAPT standards and targets.
- Health Check Performance.
- Teenage Pregnancy rates, which locally were now the same as the London Average.
- Looked after children's health checks were now on an annual plan and this was on track to achieve target.
- The need for clarity of responsibility / 'ownership' for the delivery of a required improvement.

The Board:

(i) Noted the overarching dashboard;

(ii) Noted the detail provided on specific indicators, and remedial actions being taken to sustain good performance;

(iii) Noted the areas where new data was available and the implications of this data; specifically, the immunisation uptake, under 18 conception rate, Chlamydia screening, smoking quitters, NHS Health Check, permanent admissions of older people to residential and nursing care homes, delayed transfers of care, A&E attendance and Care Quality Commission Inspections;

(iv) Requested that a named individual be listed against each performance indicator, in order to improve the clarity on 'ownership' for the delivery of a required improvement; and

(v) Welcomed the offer from the London Ambulance Service (LAS) to present to the Board the LAS Quality Improvement Plan, which was in response to the CQC assessment of the LAS as inadequate.

65. Draft Homelessness Strategy

James Goddard, Group Manager, Housing Strategy, LBBD, presented the report and explained that the Council had to review the homelessness services every five years, which included assessing emerging trends and examining interventions employed to prevent homelessness. On the basis of the review, the Council was expected to prepare a prevention strategy to mitigate homelessness over the next five years and this was set out in the Draft Homelessness Strategy 2016/21. The public consultation on the Draft Strategy was due to end on 15 February and the final version was expected to be presented to the LBBD Cabinet in Spring 2016.

James drew the Board's attention to the categories of homelessness and a number of issues in the report, including the increase in demand and lack of affordable housing both locally and across the London area, the impact on the welfare funding reforms and private landlords' response to that resulting in transient population, which in turn had adverse social implications. In such a challenging housing market, a different approach would be needed.

The Board noted that 80% of the market in London could no longer be considered affordable. In response to a question from Cllr Butt, James advised that the Rent Deposit Scheme was not working as there was difficulty in obtaining properties because of the high demand in the London and local area.

The Board discussed a number of issues including:

- Looked after children leaving care needing stability
- Mental health and vulnerable adults and supporting individuals health / physical needs with appropriate housing and adaptations
- Young mothers
- Difficulties in obtaining health care for the homeless
- Gypsy and traveller needs.
- Further work that would be undertaken, in association with the Safeguarding Board and Council officers.

The Board:

(i) Noted the high demand for affordable housing in the local area, which currently could not be met, and the effect of the increased cost of rents in the private sector, which had resulted in a growing affordability gap for local people;

(ii) Noted that whilst the strategy was being further developed there was an opportunity to look at more radical options. In the meantime, effort would be concentrated on the top two or three objectives, set out in the report. This would initial be the accommodation needs for Looked after Children leaving care and teenage mothers;

(iii) Noted that the Safeguarding Adults Board and Safeguarding Children's Board would also be part of the consultation process; and

(iv) Raised concern with the CCG about the ability of homeless people being able to register at GP's and for other medical / health support. It was noted that it would be possible to reactive the existing GP Concordat.

66. Prevention Approach Update

Monica Needs presented the report and explained that with reducing resources and increasing demand the focus was on prevention, and in encouraging individuals to take the attitude of 'what can I do' to reduce their need for care and support.

The Prevention Steering Group had now been set up and the progress made in embedding the Prevention approach locally was set out in detail within the report.

The Board discussed a number of issues in regards to Ambition 2020, the next steps in the process, potential partnership initiatives and suggested that both the London Fire Brigade services and involvement of schools should be reflected more prominently.

The Board:

(i) Noted the progress of embedding the Prevention Approach locally, as set out in the report; and

(ii) Agreed that the next steps in the programme should be to:

(a) Develop a Prevention and Information and Advice Workshop for front line professionals across Barking and Dagenham.

(b) Review the Prevention Scheme within the Better Care Fund for 2016/17 to align future work to identified programme outcomes.

(c) Enhance understanding and support for the approach within the voluntary sector, via further engagement and mapping sessions.

(d) Implement the agreed 'Commissioning for Prevention' approach into existing and future contracts.

(e) Continue to develop the Prevention Approach to align with and support Ambition 2020 projects going forward,

(f) Requested that the involvement of schools and London Fire Brigade services should be reflected more prominently.

67. Overview of Complaint Handling

Francis Carroll, Chair of Healthwatch Barking and Dagenham, introduced the report and explained that Healthwatch had been asked by the Public Health Team to undertake some primary research into how complaints were managed when local people had felt cause to complain about the delivery of health and social care services. Healthwatch explained their investigative methodology and that they had looked at the annual complaint reports of six local organisations.

Francis indicated that the complainant's experience and feedback would allow the Board to consider ways in which the expectations of complainants could be more central to the complaints process. Healthwatch had found that complainants often viewed the stages of complaint in a different way to the organisation(s) investigating the complaint. Whilst complaints were recorded by service, department or timescale for operational needs, there was not any easy way for a complainant to know if a complaint had any effect on service ethos or delivery. From the complainant's view, organisations needed to be clearer about what changes were implemented as a result of service users raising concerns. Francis drew the Board's attention to the details in the report and recommendations set out in Appendix A.

The Board:

(i) Noted the recommendations set out in Appendix A of the report, namely:

(a) That service providers make it a priority to engage with complainants at least once a year,

(b) That the views and experiences of complainants contribute to any re-design of complaints procedures.

(c) That organisations wishing to make their complaints procedures more user friendly follow the advice given in the report of the Complaints Programme Board '*My expectations for raising concerns and complaints'.*

(d) Organisations should consider including in their annual complaints reports more testaments from complainants as to how the process worked for them.

(e) Organisational annual complaints reports should be clearer about what their analysis is saying and what changes will be brought about as a result. This should be fed back to complainants who have contributed through highlighting the situation.

(f) Complainants should be advised of agencies or advocates who can

help them with their complaint.

(ii) Agreed that partners would take the recommendations back to their organisations and would actively consider implementing them within their organisation's processes.

68. Devolution Through an Accountable Care Organisation in Barking and Dagenham, Havering and Redbridge

Mark Tyson present the update on the potential devolution through and Accountable Care Organisation for Barking and Dagenham, Havering and Redbridge and stressed that this report was not about a decision to proceed with the ACO but an update on the work being undertaken to see if this was a feasible option through the development of a business case. The report also set out the governance arrangements for overseeing the development of the business case, including the membership of the Clinical and Democratic Oversight Group, ACP Executive Group, ACO Steering Group, the details of which were set out in section 2 of the report. However, each organisation would need to fully consider its own governance requirements in due course.

Mark drew the Board's attention to the project timeline and advised that the process was now approaching the consultation stage and that IPSOS / MORI surveys would be commissioned shortly.

The Board discussed the business case governance and the radical opportunity an ACO could provide for future health and social care provision and improved health outcomes locally.

The Board:

(i) Noted the announcement by the Chancellor of the Exchequer, on 15 December 2015, of a devolution pilot for Barking and Dagenham, Havering and Redbridge for health and social care;

(ii) Noted the current position with respect to the development of the business case to determine whether or not an Accountable Care Organisation (ACO) was a viable form for future integrated health and social care delivery across Barking and Dagenham, Havering and Redbridge;

(iii) Noted the proposed approach to programme governance for the development of the ACO set out in the report and shown in Appendix A; and

(iv) Agreed that at this time the process was about putting together a business case, which would be a radical new approach to improved health outcomes locally, and that progress should not be delayed by partners' governance or committee responsibility concerns, which would be resolved as the case was developed and proposals became clearer.

69. Agreement Between the London Borough of Barking and Dagenham and the North East London NHS Foundation Trust Under Section 75 of the National Health Service Act 2006 for the Provision of Integrated Mental Health Services

Louise Hider, Principal Commissioning Manager, LBBD, presented the report and advised that under Section 75 of the NHS Act 2006 the Council and health bodies could arrange to pool resources and delegate certain health related functions to the other partner to improve the way those functions would be provided.

Integrated mental health services were being provided by North East London NHS Foundation Trust (NELFT) through a Section 75 Partnership Agreement, which was initially established in October 2011 and subsequently extended in April 2014. However, the 2014 agreement only had the provision for a one year extension so had become necessary to agree a new Section 75 Agreement between LBBD and NELFT.

To enable the re-thinking of the future integrated service and development of the Mental Health Strategy it was considered advisable that this new agreement should be for one year and it was expect it would take a similar form to the 2014 version. Due to the timescale it would be necessary to delegate authority for the negotiation and execution of the new Section 75 Agreement, as set out in the report.

The Board:

(i) Approved the renewal of the partnership arrangement between the Council and North East London Foundation Trust (NELFT) in accordance with Section 75 of the NHS Act 2006, for a period of one year from April 2016, as detailed in the report;

(ii) Delegated authority to the Strategic Director of Service Development and Integration in consultation with the Director of Law and Governance and the Strategic Director of Finance and Investment, on the Council's behalf, to conclude the negotiation and execute the Section 75 agreement, in consultation with the Cabinet Member for Adult Social Care and Health as necessary; and

(iii) Noted that NELFT were making equivalent arrangements to ensure authorisation of the agreement through their own governance mechanisms.

70. Contract: Waiver for Healthy Child 5-19 Programme (School Nursing and National Child Weight Measurement Service)

NELFT declared a Pecuniary Interest in this item and took no part in the discussion or decision.

Matthew Cole presented the report and explained that the Healthy Child 5 to 19 Programme was a mandated public health programme, the responsibility for which was transferred to the Council on 1 April 2013. The Programme offered school aged children a schedule of health and development reviews, screening tests, immunisations and health promotion. The services also provided tailored support for children and families. The contract for the Healthy Child 5 to 19 Programme services was due to expires on 31 March 2016 and there was no provision for further extension.

The responsibility for the Healthy Child 0 to 5 Programme had also transferred to the Council in October 2015. This had provided the Council with the opportunity to

join up the commissioning of 0 to 5 and 5 to 19 Programmes into one fully integrated service. To enable the co-commissioning and creation of the new service it would be necessary to enter into a direct contract with NELFT for the 5 to 19 Programme for a six month period, 1 April to 30 September 2016, in accordance with the procurement strategy and details set out in the report.

The Board:

(i) Waived the requirement to tender for the commissioning of the Healthy Child 5-19 Programme, in accordance with the Council's Contract Rules; and

(ii) Delegated authority to the Strategic Director Service Development and Improvement and Deputy Chief Executive, in consultation with the Director of Public Health, Corporate Director of Children's Services, Strategic Director, Finance and Investment, and the Director of Law and Governance, to enter into a direct contract for six months for Healthy Child 5-19 Programme to NELFT from 1 April 2016 until 30 September 2016, in accordance with the strategy set out in the report.

71. Systems Resilience Group - Update

The Board received the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meetings held on 8 December 2015.

The Board noted that the BHRUT Action Plans, which had been put into place following the CQC assessment, were clearly starting to achieve improvements in performance in a number of areas and that A&E 4 hour waiting time performance had shown significant improvement against last year and was now achieving 90% against the 95% national target.

72. Sub-Group Reports

The Board noted the reports on the work of the:

- Public Health Programmes Board (PHPB)
  Noted that a new Assurance Board had been set up and the Director of Public Health would be taking performance concerns raised in the PHPB report there.

- Children and Maternity Group

73. Chair's Report

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

- Accountable Care Organisation.

- CCG commissioning café drop-in event, Relish Café, Barking Town Square,16 February 2016.

- News from NHS England

  - NHS Five Year Forward View – one year on.

  - Patients using online services to access local GPs.

  - Independent report on Southern Health.

- Update from Care City, opening of Healthy Ageing Innovation Centre, Barking, 18 January 2016.

- Leisure centres had been awarded the prestigious Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) European Pool Safety Award.

74. Forward Plan

The Board noted the draft Forward Plan.