

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 8 March 2016
(6:00 - 7:26 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Dr Muhammed Ali, Chief Superintendant Sultan Taylor, Conor Burke, Cllr Laila Butt, Frances Carroll, Matthew Cole, Helen Jenner, Cllr Bill Turner and Melody Williams

Also Present: Sarah Baker

Apologies: John Atherton, Anne Bristow, Dr Nadeem Moghal, Cllr Evelyn Carpenter and Jacqui Van Rossum, Cllr Eileen Keller, Terry Williamson

75. Declarations of Interest

NELFT declared a Pecuniary Interest in agenda item 9 (Contract – Procurement of Healthy Child Programme 5-19 Programme (School Nursing and National Child Measurement Programme)) and took no part in the discussions or decision.

76. Minutes - 26 January 2016

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

77. Better Care Fund - End Of Performance Year 2015 Assessment and Plans For 2016/17

Mark Tyson, Group Manager, Integration and Commissioning, LBBB, and Sarah de Souza jointly presented the report, which gave a re-cap of the performance during 2015/16 and also built upon the details reported in December 2015. The eleven schemes within the Better Care Fund (BCF) had delivered most of the key milestones that had been set out in the BCF plans submitted to NHS England, however, there had been some under achievement on a number of metrics, the full details of which were set out in the report.

The BCF plans for 2015/16 and the associated Section 75 Agreement and pooled budget arrangements would come to an end on the 31 March 2016. The Policy Framework for 2016/17 had been released in January 2016 and the further technical guidance had been received in February, which had enabled work to start on the development of BCF plans for submission to NHS England. Mark drew the Board's attention to its role in approving the BCF plans before submission and to the timeframe that set out the final BCF plan submission date for 2016/17 as the 25 April. As the Board was not scheduled to meet until the 26 April, officers had suggested that NHS England is informed that the BCF 2016/17 Plan will be formally signed off by the Board on 26 April and submitted on 27 April rather than being approved through delegated authority.

Mark drew the Boards attention to the expected financial arrangements for 2016/17, set out in Appendix A of the report, and explained that this together with the Ambition 2020 Programme, planning guidance from NHS England and the emphasis in shift towards delay transmission of care would all impact on the final

2016/17 plans and targets.

Discussion was held in regards to a number of areas of performance concern and the actions that would be needed to address those and other issues, including:

- The need to be realistic about what could be achieved with reducing budgets when there was both an increase in population numbers and a growing ageing population.
- That only half of people discharged felt significantly supported to manage their own conditions, with mental health discharge being a significant part of the non achievement target. Consideration needed to be given by Partners into what could be done in regards to aftercare that would then enable people to feel safe and supported enough to manage their own condition.
- The overspend last year was indicated at around £600,000 but this was now expected to be a £200,000 overspend. Consideration would need to be given to the permanent base budget and the effect of this on services.
- The Healthwatch review had raised the issue of the four to six month wait for suitable housing for people being discharged and the effect that this could have on their health and rehabilitation. The Chair reminded the Board that this was discussed at the last Board meeting. There was pressure on the local housing market because of the lack of suitable housing stock / social housing and cost of private rental. This pressure was being looked at as part of the Housing and Homelessness Strategies.
- The need to ensure that data was robust to enable proper planning and monitoring and the work that was being undertaken with BHRUT to ensure that individuals were being identified. The Chair drew the Board's attention to self-funders and how they could be identified and included, so that true comparators and trends could be assessed.
- Wider integration approaches, including the Sustainability and Transformation Plan (STP) and the need to ensure that partner priorities and requirements were reflected in the development of the Accountable Care Organisation (ACO) business case. Whilst the BCF was a national programme it is developed and delivered locally and should become part of the ACO business case.

The Board:

- (i) Noted the progress made in 2015 and the process for drawing up the 2016/17 Better Care Fund (BCF) plan, including the Board's role in approving the BCF plan;
- (ii) Noted that the Policy Framework for the 2016/17 BCF had been released in January 2016 and the technical guidance had been received in February 2016, which had had a significant effect on the timetable for producing the BCF plan;
- (iii) Endorsed, in principle, the current draft BCF plan, extension of the current Section 75 Agreement into 2016/17 and budget for 2016/17, which was set

out in the Finance report to Joint Executive Management Committee attached as Appendix B to the report, and agreed this should be used for the initial submission, albeit that some amendment would be likely as the plan was finalised; and

- (iv) Agreed that in view of the timetable constraints, the Draft Final Plan should be submitted to NHS England on 25 April 2016 and that NHS England would be advised that the Plan was to be considered by the Board at its 26 April 2016 meeting, with the aim that the final Plan would be provided to NHS England on 27 April 2016.

78. Transforming Care for People with Learning Disabilities

Connor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group presented the report and explained how the Winterbourne View scandal of the abuse of young adults with learning difficulties had resulted in a review and subsequent recommendations on transforming the lives of young people with learning difficulties, Autism or mental health issues. In October 2015, NHS England, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association announced a national plan called 'Building the Right Support'. The plan, agreed by all national partners, aims to develop community services and close inpatient facilities for people with a learning disability and / or autism who display behaviour that challenges, including those with a mental health condition. To implement the national plan locally, the Barking and Dagenham, Havering and Redbridge Transforming Care Partnership (TCP) had recently been established.

The Board's attention was drawn to section 2 of the report and in particular to the governance, ambition and vision statements and delivery plan development. Further reports would be presented to the Board in due course on those issues and on the programme delivery. The Board was also advised that the feedback from NHS England had been positive on the work undertaken to date.

The Board discussed a number of issues, including the need to look at provision and support on a broader level and to undertake consultation with safeguarding boards, young people, parents and other appropriate voluntary sector stakeholders and services users. The Board noted that the Partners would provide the appropriate stakeholder contact details to Connor enable the consultation to be undertaken.

The Board:

- (i) Noted the progress that had been made in developing the BHR Transforming Care Partnership vision to date;
- (ii) Discussed and agreed the proposed actions and consultation activity that would be undertaken to finalise the vision and plan before 11 April 2016; and that this would include consulting service users such as the Just Say parents forum, BAD Youth Forum Disability Group and the Safeguarding Adults Board and Safeguarding Children's Board;
- (iii) Delegated authority to the Strategic Director for Service Development and Integration (LBBB) and the Accountable Officer (BHR CCGs) to sign off the

final submission before the 11 April 2016 deadline.

79. London Ambulance Service Quality Improvement Plan

The Chair advised that the London Ambulance Service (LAS) were unable to attend the Board and had sent their apologies for this. The Board received the report and considered the general details within it and the Improvement Plan.

The Chair asked Partners if they had any comments or questions to be passed back to the LAS. The Chair also asked Partners what they were doing within their organisations to support the LAS in delivering their Improvement Plan. The Board raised the following issues:

- The data had indicated that demand for ambulance services had increased year on year across the country. The demand on the LAS had increased by 4.7% in the last year in London.
- How processes would need to be looked at to enable both the current and projected increase in demand to be met.
- There was clearly a need to identify why people are turning up at BHRUT hospital A&E departments and why ambulances were the method of transport to those hospitals. The Chair commented that people knew they wanted a service, but if that was not easily attainable from GPs or other health professionals then they would default to a place where they could get medical treatment, and that would almost certainly be A&E and potentially an ambulance attendance and journey. Cllr Turner said that he would like to see the latest data on ambulance calls to LBBD wards, as this might show if demand could be due to insufficient local medical treatment provision / options locally.
- Re admissions to hospital was already a local performance reduction target for the Board. Therefore, any actions the Partners could take to reduce those would also ameliorate demands on the LAS.

The Board:

- (i) Noted the report and comprehensive quality improvement Plan attached to the report;
- (ii) Would welcome an update from LAS at a future meeting on the implementation of the Plan and how the LAS intended to achieve the improvements when demand levels were increasing year-on-year; and
- (iii) Requested that data on LAS performance at a LBBD ward level be provided to Cllr Turner.

80. Health and Wellbeing Board Performance Report - Quarter 3 (2015/16)

Matthew Cole, Director of Public Health, LBBD, presented the report which provided the overarching dashboard and performance on specific indicators for Quarter 3. 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:

- The validation of the Referral-to-treatment (RTT) figures, which were still not completed and the action being taken to address the backlog of treatment numbers. Dr Ali, provided insight into the history behind this issue, the current performance rates, prioritisation of the backlog by need and the aim was to get the service back on an even keel by next financial year. The Board noted that a report on this issue would be brought to the next meeting.
- The significant fall in Breast Screening rates, especially as the Borough was the second worst nationally for Breast Cancer survival rates. The Chair and Francis Carroll, Healthwatch, both raised concern about people from Dagenham not accessing the Breast Screening centres at Harold Wood and King George Hospital due to their location and transport connections.
- The non-elective admissions rate and action being taken to address this.
- BHRUT's progress and when it hoped to be out of special measures. Noted that a report would be brought to the Board in due course
- The improving achievement rate for surgeries returning information on Learning Disability Health Checks.
- Passport for learning disabilities clients / patients.
- CQC had given King Edwards Centre a 'Good' rating.
- The number of children and young people accessing CAMHS tiers 3 and 4 was not R.A.G. rated as there was no national target for this indicator. Consideration was being given to whether a local target should be applied for such services and what it should look like.
- The wait between assessment and treatment for young people with mental health issues. NELFT advised that patients undergo triage assessment and initial treatment would be put into place whilst they were waiting for particular intervention / specialist treatments.
- Healthwatch commented that the 'Handyperson Project' was beginning to reduce the number of falls that were occurring.

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 concerns raised in regard to the public transport accessibility issues from the Dagenham area to the Breast Screening Services in Harold Wood and King George Hospital; and

- (iv) Noted that work was continuing on validating the data in regard to both the hospital referral-to-treatment (RTT) and the non admitted backlog targets and requested BHRUT to report to a future meeting in order that the Board could have assurance that the data accuracy problems had been fully resolved and that an action plan is in place to ensure the backlog is being dealt with so that patients are not waiting too long for treatment.

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

Mark Tyson, introduced the report, which provided a further update in respect of the development of the business case to determine whether or not an Accountable Care Organisation (ACO) was the best viable option for future integrated health and social care for Barking and Dagenham, Havering and Redbridge. On the 15 December the Chancellor of the Exchequer had agreed to a devolution pilot for health and social care for those areas. Planning would now need to be undertaken to ensure that the Urgent and Emergency Vanguard and other transformation initiatives fit with the work on the ACO. With this in mind the Clinical and Democratic Oversight Group (CDOG) held a workshop on 3 March to look at the scope, opportunities and ambition options and on 17 March a second workshop would be held, supported by external legal advice, which would enable the CDOG to get a more detailed perspective on the risks, challenges and organisational forms involved in approaches to establishing an ACO. Each organisation would then need to obtain their own legal and governance advice. Mark drew the Board's attention to the next steps, set out in the report, and also pointed out that the Ipsos MORI surveys were due to start shortly.

Discussion was held in regards to other ACOs that had already been established, or were in the process of being established, and the potential to capitalise on their learning. The focus at present needed to be on what the partners want the ACO to achieve and how those aims could be delivered. Mark confirmed that as documents were developed they would be shared and be made available on the website.

It was also noted that there are often assumptions that joint and integrated working will cost less, but that may not be the case, and there would need to be both further investigation and assurance on such concerns in due course.

The Board:

- (i) Received the update on the development of the business case for the Accountable Care Organisation;
- (ii) Noted that there was potential learning available on the setting up an ACO from ACOs elsewhere in the UK and that clarity would be obtained, in due course, on the how the Urgent and Emergency Care Vanguard may interlink with the ACO;
- (iii) Noted that Ipsos MORI surveys and data analytical work was due to start imminently; and
- (iv) Noted the 'next steps', as set out in section 3 of the report, and that two

workshops had now been arranged for the 3 and 17 March.

82. Contract- Procurement of Healthy Child Programme 5-19 (School Nursing and National Child Measurement Programme)

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

Further to Minute 70, 26 January 2016, the Board received the report from Matthew Cole, which 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.

Matthew explained that by Minute 70 the Board had agreed to the extension of the existing contract until the 30 September 2016 and that they were now being asked to agree to the formal commencement of tendering for the new contract, which was intended to start on 1 October 2016, as set out in the procurement strategy in the report.

The Board:

- (i) Noted the procurement strategy set out in this report;
- (ii) Authorised the procurement of a new contract for the provision of the Healthy Child Programme 5-19, via an open tender process, for the period 1 October 2016 to 30 September 2017, with the option for the Council to extend the contract for a further one year period; 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 award the contract to the successful bidder in accordance with the strategy set out in the report.

83. 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 1 February 2015.

The Board noted the work that was ongoing in regards to the BHRUT Trust, RTT and Cancer Improvement Plans and the latest position on the Urgent and Emergency Care Vanguard.

84. Chair's Report

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

- New logo for the Health and Wellbeing Board.

- The CCG Great Staying Health Stakeholder Event
The Chair thanked all the partners for the support they had provided for the event, which had been held on 16 February 2016.
- News from NHS England:
 - Mental Health Taskforce Report
The report had been published in February 2016. The report had set out the three priorities for the NHS to deliver by 2020/21 and the associated funding expectations.
 - NHS had achieved its first target on climate change.
The NHS had reduced its carbon emissions by 11% between 2007 and 2015, despite health and care activity increasing by 18% over the same period.
 - Urgent and Emergency Care Vanguard.
An update on the business case and bid to carry out transformation work to the Urgent and Emergency system in 2016/17, including feedback from the Vanguard Quarterly Forum held on 25 February.
- Barking Riverside
Barking Riverside had recently been awarded Healthy New Town status, which would provide the opportunity to look at improving health through the built environment.

85. Forward Plan

The Board noted the draft April edition of the Forward Plan only had one item listed, which was for the June meeting.

The Chair reminded the Board that the Forward Plan enabled local people and partners to know what discussions and decisions would be taken at future Board meetings. The Chair asked all partners to provide details for future issues for the coming year as it was important to plan the business of the Board and to meet legislative requirements.