

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 26 July 2016
(6:00 - 8:34 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Anne Bristow, Conor Burke, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Matthew Cole, Ceri Jacob, Helen Jenner, Dr Nadeem Moghal, Bob Champion and Sean Wilson

Also Present: Sarah Baker, Cllr Bill Turner and Cllr Adegboyega Oluwole

Apologies: Frances Carroll, Cllr Peter Chand and Terry Williamson

16. Apologies for Absence

17. Extension of the Meeting

At 8.00 p.m. the Chair moved that the meeting be extended by half an hour, this was seconded by Cllr Turner and agreed by all present.

18. Declaration of Members' Interests

There were no declarations of interest.

19. Minutes - 26 April and 14 June 2016

The minutes of the meetings held on 26 April and 14 June 2016 were confirmed as correct.

20. Health and Wellbeing Board Membership

The Board received the report, which explained that certain Health and Wellbeing Board (H&WB) membership was prescribed by the Health and Social Care Act 2012, with additional Board Member appointments set out in the Council's Constitution. The LBB Corporate Director of Children's Services was one of the prescribed Board Members under the Act. The report also set out proposals to change the membership following the imminent retirement of the Corporate Director of Children's Services, as the statutory functions of that role would be transferred to the Strategic Director of Service Development and Integration; this would then leave a vacancy on the Board. The Council were, therefore, proposing that this vacancy be filled by an additional LBB Cabinet Member, to be appointed by the Leader.

Discussions were held in regard to making a note in the Constitution of the Protocol between the H&WB and the Local Safeguarding Children and Adults Boards, including the role of the Independent Chair of those Safeguarding Boards. It was noted that currently the same person was the Independent Chair of both of the Local Safeguarding Boards.

The Board:

- (i) Agreed the proposed amendments to the London Borough of Barking and Dagenham (LBBd) representation on the Health and Wellbeing Board by the inclusion of a further LBBd Cabinet Member to the Board, in place of the position occupied by the statutory Director of Children's Services following the function being transferred to the Strategic Director of Service Development and Integration.
- (ii) Noted the Leader's nomination of Cllr Bill Turner, Cabinet Member for Corporate Performance and Delivery, for this position and additionally note his nomination of Cllr Sade Bright, Cabinet Member for Equalities and Cohesion for the existing complement of Cabinet Members on the Board;
- (iii) Requested that the Protocol outlining Barking and Dagenham's Safeguarding Partnerships arrangements between the Health and Wellbeing Board and the Local Safeguarding Children Board and the Local Safeguarding Adults Board (set out in Minute 58, 28 October 2014) and the role of the Chair(s) of those Safeguarding Boards as an independent, non-voting, standing invited guest to the Health and Wellbeing Board were included in the changes to the Constitution.
- (iv) Noted that the amendments would be reported to Assembly and, subject to confirmation by the 5 October 2016 Assembly, would be reflected in the Council Constitution in due course.

21. Child and Adolescent Mental Health Needs (CAMHS) Transformation Plan and Needs Assessment

Cllrs Turner, Cllr Butt, Ceri Jacobs, Director Commissioning Operations NCEL NHS England London Region, and Sean Wilson, Interim Borough Commander Metropolitan Police, arrived during this item

The Board considered this agenda item and the 'Children and Young People Mental Health Transformation Plan Update report', in conjunction due to the significant crossover of the issues.

Susan Lloyd, Consultant in Public Health, presented the report and explained that NHS England had required the development of a Children and Young People Mental Health Transformation Plan to underpin the delivery of the 'Five Year Forward View for Mental Health' and 'Future in Mind' national strategy and policies. The Transformation Plan also provided details of the five key themes for specific development and investment and the additional specific investment in eating disorders and services.

The Needs Assessment had provided information on the current services delivered by CAMHS and the gaps in those services. The Director of Public Health had identified 14 areas where services could be redesigned to better meet the local needs of LBBd children and young people. Details of those gaps and areas for redesign were set out in the report. However, overall the Needs Assessment had found that the Borough was already providing a significant amount of activity around mental health resilience and prevention and that excellent work was already being delivered at building resilience for Tiers 1, 2 3 and 4 services.

The additional funding had allowed for the Transformation Plan to be revisited and it was expected that the revised Plan would be presented to the Board in Autumn 2016. The Needs Assessment had also indicated that the number of children and adolescents with mental health problems was high in LBBB when compared against both other London boroughs and national rates of incidence. In addition, the number of children with diagnosable mental health problems was projected to increase to 8,044 by 2020. The Needs Assessment would be a fundamental start point for informing the Transformation Plan and in making choices on prioritising investment at a time of austerity and increasing need.

The Board:

- (i) Endorsed the findings of the Child and Adolescent Mental Health Needs Assessment and noted the areas of good provision and gaps set out in the report.
- (ii) Agreed that the findings be used to support the commissioning of Children and Adolescent Mental Health Services for the residents of Barking and Dagenham.

22. Children and Young People Mental Health Transformation Plan Update

The Board discussed the report, which provided an update on the Transformation Plan and its implementation,

Work is progressing to implement of the Transformation Plan. Whilst additional resources had been provided for the Transformation Plan, those resources had come with provision requirements in regard to community services for eating disorders. The BHR CCGs had also been successful in securing non-recurrent resource, through the emergency and urgent care vanguard programme, to develop the crisis prevention pathway for children and young people. Further guidance on perinatal mental health is expected in 2016/17 which should attract additional funding.

Delivery of the Transformation Plan would need partner support. The governance process for this would be driven and monitored by the Children and Maternity Sub-Group.

One of the main threads for the Transformation Programme is shifting the focus from crisis support to early intervention. This would have the benefit of stopping young people either going into crisis or their mental health deteriorating and thus would allow them to participate more within their educational, social and home settings. Support for families would also be important to increase treatment success rates.

In response to a question from Cllr Carpenter about Tier 4 service treatment provision being unavailable at Brookside, Melody Williams, Integrated Care Director (Barking and Dagenham) NELFT, advised NELFT felt that all the actions required were now in place and negotiations were being held with NHS England, the commissioner of the service, with the aim of Brookside reopening in the imminent future. A request was made for the report on Brookside, presented to LBBB Health and Adult Services Select Committee (HASSC) on 19 July 2016, to be circulated to the Board for information.

The Board was advised that the 'Thrive' method was having a significant positive impact in Tier 1 and 2 treatments; however, there was currently no home treatment pathway model in the UK for Tier 3 treatment service. A new model had now been developed, which included a home treatment service. The new approach had been proposed to NHS England, for which their consent to continue was awaited. Ceri Jacobs was asked to follow-up this issue with her colleagues.

In response to a question from Cllr Carpenter it was clarified that the current community eating disorder service was an all age service. Investment in the service has been made to develop the model for children and young people, in recognition of their special and extra needs.

Helen Jenner, Corporate Director of Children's Services, suggested that urgent contact would need to be made with the schools governing bodies if a named individual was needed in schools to lead on mental health issues by September.

Helen also pointed out that there were already some schemes in place, which need to be mapped against the Plan.

The presence of CAMHS in the LBBB Multi-Agency Safeguarding Hub (MASH) was requested.

Cllr Oluwole asked for clarification on the support for the family. Melody advised that CAMHS would be working with the CCG to obtain additional funding to support the family at the point of crisis, which was often different in children and young people to that for adults. The aim was to have a structured intervention to work towards reducing or removing the need for admittance to a mental health support unit.

Sarah Baker, Independent Chair of Safeguarding Boards, advised that the Children's Commissioner's Lightning Review on the Access to Child and Adolescent Mental Services in May 2016 was not referenced in the reports, as it had been published after the Transformation Plan was reviewed; however, there was a need to cross reference those findings with the Plan.

Cllr Turner pointed out that the data streams also needed to be checked, for example the referral data for looked after children, as the data would be important later in order to be able to monitor and assess if the Plan and any new practices were working as expected.

Cllr Turner raised the issue of variety of available treatments compared to inner London Boroughs. Melody advised that the focus was now moving towards outcomes. In addition, the Child Outcomes Research Consortium (CORC) looked at the range and access to the facilities that were provided and the local provision for LBBB residents had been benchmarked favourable against other areas.

The Chair reiterated to Partners that the Council had concerns regarding the three borough approach, as each borough had its own individual challenges and needs. Progress would be closely monitored to make sure that LBBB residents were not getting a lesser quality service.

The Board:

- (i) Noted the update on the Transformation Plan;
- (ii) Requested the Director of Commissioning Operations for North Central and East London to remind her NHS England colleagues that a response was still awaited from NHS England to NELFT's proposals around a new model home treatment pathway for Tier 3 and 4 patients;
- (iii) Noted that if schools were being expected to provide a named responsible individual they would need to contact quickly the governing body of each school;
- (iv) Would wish to see CAMHS presence in the Multi Agency Safeguarding Hub (MASH) again; and
- (v) Noted that a full report would be presented in the autumn, which would cover the issues raised by the Board.

23. 18 Week Referral To Treatment Update

BHRUT reminded the Board of the background to how the poor performance had occurred and gave a presentation on the work that had been undertaken on their 18 week Right to Treatment (RTT) Recovery and Improvement Plan and the work streams within it. In addition, they had now completed a major validation exercise on the data and now had accurate information on the patients waiting to be seen

BHRUT advised that good progress had been made to reduce the backlogs on both admitted and non-admitted patients. BHRUT had developed a trajectory to clear the longest waiting patients and by 3 April 2016 had made, better than expected progress against that target, with a 34.8% reduction in those patients waiting. The total number of patients on the Trust waiting list had now been reduced from 114,000 to 54,000. The Trust was also undertaking a review of the RTT administration roles for booking and managing patient pathways. However, even with material demand management, outsourcing, additional recruitment, improved theatre productivity and administration the size of the backlog meant that it would take until 2017 to clear.

BHRUT advised that they were also developing detailed demand and capacity plans for the specialities. These plans would allow staff to quantify weekly any capacity gaps and assist with future planning to match resources with patients' needs.

BHRUT reiterated that they had a communications strategy in place.

CCG advised that their role was to hold the BHRUT to contractual delivery and ensure that the Trust adhered to the Improvement Plan. Havering CCG, as the lead on contracting body for BHRUT, had been issued with legal directions in June by NHS England. The CCG also had a role in averting 30,000 GP Outpatient referrals in high demand sections out of BHRUT. The Board's attention was also drawn to the work which was being undertaken to design new clinical pathways for 10 key areas.

The escalated position had provided extra support to focus on the RTT problems. A robust, overarching recovery plan from the Trust with a CCG Demand

Management Plan would need to be signed off and reported to NHS England in September 2016.

Cllr Carpenter asked for clarification in regard to the backlog taking till 2017 to clear and what affect that would have on new patient referrals. BHRUT responded that both current backlog and new patients were being taken into consideration and assessed to determine clinical priority and any problems were also being resolved in regards to incorrect pathway data.

Cllr Butt indicated that despite raising this issue with the BHRUT Chief Executive at his recent attendance at the Board, she was dismayed to see individuals were still being referred to by BHRUT as 'waiters', rather than people or patients. BHRUT apologised for this and gave an undertaking that this would not happen again.

Cllrs also raised concern about the value of the additional leadership and administrative roles and if the cost of this would be taking resources away from treatment. BHRUT responded that this area had been under resourced for some time, and it was felt that the lack of overview was probably a contributory factor as to why the situation had occurred. The structure would be needed to deliver the Plan, in addition some of the leadership roles also had clinical functions.

Cllr Turner reminded BHRUT that their Chief Executive had given a commitment to provide details on the number of patients in each specialist area and how many of those patients were LBBB residents. Cllr Turner repeated the request for those details and the current number of LBBB residents still on the waiting lists. BHRUT apologised and said they could provide locality data, down to a General Practice level, and would do so by the next meeting.

Councillor Bright raised concern on the communication strategy as a number of people had spoken to her about being referred to Queens and nearly two years later they were being sent back to their GP. In that time they had either not heard anything from Queens or were now being told they could go private; but many could not afford to do so. The Chair commented that this meant that either the BHRUT communication was not getting to the correct people, there was a lack of good quality communication or it was not being explained well, which meant that patients had not understood what the options were. The Chair suggested that as the Council regularly communicated on mass with residents, that expertise could have been useful in making the letters and other communications easier to understand, for example when there was mention of the private 'Roding' hospital patients would have assumed they would need to pay, when it would in fact have been funded fully by BHRUT. Anne Bristow, Strategic Director of Service Development and Integration, raised the issue of Stakeholder communication and consultation and said it was no good telling Partners after the event and this must be undertaken earlier in order that partners input could be given, so the message would get across to the public.

BHRUT advised that they would be looking at communicating with GPs to make sure that they understand that the alternative providers would be free to the patients and would take the issue of consulting earlier with Partners back to their colleagues.

BHRUT gave an assurance that Clinical reviews were undertaken of each

individual on the waiting list to ensure they suffered no additional clinical harm.

In response to a question from Cllr Oluwole, BHRUT advised that any private / independent providers used would be checked to ensure that they meet the clinical and other governance capacities required by the NHS.

Anne commented on the 780 extra operations expected to be undertaken by the end of September as this was not a huge number considering the 54,000 people on the waiting list and the historic recruitment issues in many specialisms. Anne asked BHRUT how many of the new approved posts were actually filled. BHRUT advised they were ahead of the trajectory target for treatment and recruitment was ongoing but where there were gaps locums and the independent sector were being used.

Sean Wilson asked if the individual patient's issues were becoming more complex and also if direct employees could not be recruited was the outsourcing more expensive. Dr Moghal advised that patient issues were increasingly more complex often needing input from a number of specialist areas. The costs of outsourcing all or some parts of more cases was not necessarily any more expensive than dealing with all aspects of treatment within BHRUT facilities.

Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, suggested setting up a sub-group to consider the issues in more detail.

The Board

- (i) Noted that the number of people waiting for their appointment had now been reviewed and BHRUT confirmed that this now stood at 54,000 patients;
- (ii) Noted that BHRUT had not yet recommenced reporting its Referral to Treatment performance to NHS England;
- (iii) Requested BHRUT to provide an update on patients' Referral to Treatment waiting times to every Board meeting until the NHS Constitution standard, which gives Patients a legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks following a GP Referral, was achieved and embedded at BHRUT.
- (iv) Suggested that consultation with the Council would have been helpful in drafting the communications with the patients waiting for appointments. Particular concern was raised in regards to the lack of understanding by patients that alternative treatment provided outside of Queens and King George hospitals would still be paid for via the NHS and that there would be no charge to patients for accessing these services at private facilities
- (v) Reminded BHRUT that the Board was still awaiting details of:
 - (a) The numbers of patients in each specialist area and how many of those patients were Barking and Dagenham residents.

The Board also now required details of the current number of LBBB

residents that were included in the outstanding 54,000: and

- (b) Evidence to substantiate the previous anecdotal claim by BHRUT that patients were prepared to wait longer to be seen within BHRUT rather than being treated by other providers.

The Board now also required details of the number of LBBD residents that had already been referred to independent / private providers or non BHRUT hospitals.

- (vi) Reminded BHRUT of the previous request made by the Board for them not use the term 'waiters' in their future reports and that 'patients' or 'people' was more appropriate.

24. Update on Commissioning of Eye Care Pathway

Further to Minute 32, 20 October 2016, Sharron Morrow, Chief Operating Officer, Barking and Dagenham CCG, reminded the Board that the review had been undertaken in response to concerns that people may have experienced difficulties in obtaining care and as a result would miss treatment that could prevent sight loss. Key findings had included the lack of assurance that all those who should have had a sight test do get one, the current arrangements were too complex for patients to understand and the treatment pathway did not promote choice and control by the patients.

Sharon drew the Board's attention to an number of issues, including:

- Diabetic retinal screening had been reviewed and re-specified and there was now a new London wide model which had been put in the new NHS contracts in November 2015.
- A partnership Vision Strategy Group had been set up by LBBD and this had now met three times.
- Joint procurement process for community based eye services for the management of minor conditions, cataracts and glaucoma had been concluded in March 2016 however, it had not been possible to award a contract as a suitable provider could not be selected.
- The ophthalmology pathway review was now being taken forward in the context of the RTT programme across BHR CCGs and BHRUT, as ophthalmology had been identified as one of the top ten specialities needing further work and sustainability.
- Each CCG was leading on three pathway reviews.
- For stable glaucoma patients a new pathway with community services would be implemented by December 2016, which in turn would increase capacity for secondary care for patients with complex glaucoma.
- Service users via the Bridge to Vision (B2V) had increased and so far 107 had been seen this year.

- The commissioning of an “Eye Care Liaison Officer” recommended in Recommendation three of the review had not yet been progressed.
- Recommendation four of the review had asked for consideration improvements to local low vision services at King George’s and Queens Hospitals. This had been investigated and as those improvement required a small amount of funding this had been progressed.
- The Magnifier Lighting Workshop had now seen 300 clients and over 50 referrals had been made. The sensory staff were now promoting the service in the local mosques.
- Recommendation five was for a local communication campaign on the importance of having an eye test. The background work to the campaign had been undertaken and the Campaign was due to run in September.
- Recommendation six was to make every contact count with children. Current performance reports suggested a 66% achievement rate and the lack of parental consent was the main factor to be overcome.

The Board raised concerns about this very low sight test rate and the impact on other health checks undertaken on children. Sharon indicated that it may be necessary to undertake further investigation on the data accuracy and Matthew Cole advised he would arrange for the data to be triangulated to see if it was the same children missing all checks or some children attending for some check but not others.

The Board:

- (i) In view of the very low test rate achieved, requested the Barking and Dagenham Clinical Commissioning Group (CCG) Chief Operating Officer, to check if there were any potential data inaccuracy and report back in due course; and
- (ii) Asked the Director of Public Health to check and report back in due course as to whether those children not having eye tests were also missing the hearing / general health check.

25. Healthwatch Barking and Dagenham Annual Report 2015/16

Deferred to 27 September 2016 meeting.

26. Systems Resilience Group - Update

Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, presented the report and explained that Emergency Care and achieving the 95% four hour waiting target consistently was still a challenge. System leaders had also recently met to look at what else could be done in the short and medium-term to reduce demand at Accident and Emergency (A&E)

The Chair advised that a question had been raised at the Council's 13 July Assembly on the trial at Queen's Hospital that had seen patients assessed at the door and those that required non-emergency were referred to their GP or pharmacist. The Chair said that the Council had worked hard to build a relationship with local health care providers and was concerned that nobody had thought about consulting with the Council before putting the pilot into testing and extending that for a further two weeks. Given the scale of the Council's ambition to transform local health and social care services the pilot at A&E would not fix the problems around medical advice or treatment when GP's were already under enormous pressure. The Chair made the point that to stop people turning up at A&E more effective local provision, including accessible GPs and out-of-hours services, were needed.

Conor advised that the initially the method had originated as a tool to deal with demand during the Junior Doctors Strike and the pilot had been agreed at the SRG, at which Council officers were present. The SRG had subsequently agreed at its July meeting to keep the pilot going in order to collect more representative data and to enable tracking of those referred elsewhere. Conor stressed that the initial data suggested that up to 60% of people that attended A&Es do not need treatment of any sort.

Dr Moghal explained that there had been a huge surge in demand at A&E departments, both locally and nationally, by those not needing urgent care and this had caused resource challenges in dealing with the critically ill. During the pilot 50 to 60 patients per day were triaged by a consultant and / or a GP. The parents of some 21% of children that had attended were assured that they could wait for a non urgent GP appointment. The priority had to be those that were critically ill, and that was best served by ensuring resources were not deflected to non urgent attendees.

The Chair said that she did not disagree with the need to target resources to the critically ill, however, before others were turned away there needed to be somewhere consistent, open and available for non urgent patients to go to. In addition, advice from 111 also needed to be significantly better.

Cllr Oluwole asked if the approach had been piloted elsewhere or only at BHRUT and if there had been any follow up to find out what had happened to those sent elsewhere. For example, had the re-entered the system later in a more acute condition or not sought any medical advice or treatment. Cllr Oluwole also wished to know if the pilot was being extended to paediatric A&E.

Dr Moghal advised that the model was being tried elsewhere. There had been a significant drop in A&E attendance during the Junior Doctor strike, which clearly indicated that there was a lot of personal choice about why people attend A&E, rather than a real clinical need. Dr Moghal advised that many of paediatric cases could be dealt with by self-care or at primary care and did not need A&E advice or treatment. In addition, audits were undertaken to find out why people attended A&E and during the pilot tracking and the patient experience would be part of the considerations of the outcome of the pilot.

Cllr Turner asked for clarification on the 25% of people who had been attended A&E at least once before in the past year. Mr Moghal advised that in the majority of cases these were elderly readmissions.

The Board:

- (i) The Board received and noted the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meeting held on 23 May 2016;
- (ii) Requested further details and data on the pilot scheme at Queens A&E, where people were being assessed by a Consultant / GP as to whether they require emergency or urgent care and directed to the appropriate setting. The Board also reminded those present of the need to improve service provision within Primary Care, which in turn would reduce the demand from residents feeling they needed to attend A&E.
- (iii) Noted that this issue would be considered at the next Board development session.

27. Sub Groups - Update

The Board noted that no Sub-Groups had held meetings since the last Health and Wellbeing Board,

28. Chair's Report

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

- Learning Disability Week – 18 to 22 July 2016.
- Spotlight on Adoption
- News from NHS England
 - Increase in positive experiences of GP services
 - Be Clear on Cancer campaign

29. Forward Plan

The Board noted the interim draft August edition of the Forward Plan and that the interim edition would be published on 1 August 2016. The deadline for changes for the next full issue of the Forward Plan was 23 August.

30. Update on North East London Sustainability and Transformation Plan (NEL STP)

Councillor Turner left the meeting during this item.

Conor Burke reminded the Board of the context of the North East London Sustainability and Transformation Plan (NEL STP) and drew the Board's attention to a number of issues, including:

- The Plan had been submitted on 30 June but it could not be published as it

was still in development.

- NEL area was facing challenges on a number of health outcomes.
- Outturn would be measured against the previous agreed Plan.
- The next steps, set out in the report, had already been progressed within BHRUT, However, other local authorities in NEL needed to progress actions.
- There could be at least a £850m shortfall between anticipated provision costs and funding if we did nothing. This would not be sustainable and the 'do something' approach was essential to meet the growing demands. Whilst significant productivity challenges had been achieved over several years, such improvements were increasingly difficult to find and they would no longer offer a long-term solution. It was now necessary to do more to meet future demand but more importantly it would require providers and service users to do things differently.
- To meet the challenges, the Business Case for the BHR Accountable Care Organisation (ACO) and the LBBB Ambition 2020 were linked.
- The details provided on the strategy for residents' looking after themselves, the primary care approach, the two major hospitals delivering their required savings, the place based care system(s) and localities, which would allow micro, rather than borough level, care and pathways to treatment.

The Chair highlighted that the STP process has no sign-off for local councils of the strategy and policy, despite the recognition that the STP needs to closely involve councils. The Chair raised a concern at the disparity in this apparent need to involve councils but not give them any say over the final product. Ceri Jacobs advised that a similar message was coming through from many councils. It was clear that the public sector needed to come together to jointly delivery sustainable change. Ceri agreed to take the concerns raised back to NHS England.

The Board discussed a number of issues, including the national framework, gaps in resources, who would be handed responsibility for funding, for example would it be shared with all local councils or with the CCG and. Conor said that he expected the funding will be recycled from many places. The Chair said she felt it was very important that the Treasury invested in the devolution, via ACOs and STPs, in order to allow the organisational set-up required and service changes be put into place to accrue the savings. The Board felt that the whole issue of funding and programme of funding needed to be much clearer and more robust.

Mark Tyson LBBB Commissioning Director, Adult's Care and Support, suggested that the Local Government Association facilitated borough based STP workshops would be a good opportunity explore the issues raised in more depth.

The Board:

- (i) Provided feedback to the NEL STP Team on the draft priorities of the checkpoint submission and suggestions regarding the key principles that should underpin any NEL-wide governance for the STP:
- (ii) Requested that the Director of Commissioning Operations for North Central and East London, relay the Board's concerns back to NHS England about the role of the Local Authority in the consultation and sign-off process of the STP:

- (iii) Requested further clarity about what was being proposed in regards to the funding and sharing of funds between the CCG and other Local Authorities;
- (iv) Noted the suggestion from the LBBB Commissioning Director, Adult's Care and Support, that the Local Government Association facilitated borough based STP workshops would be a good opportunity explore in more depth the issues raised at the meeting; and
- (v) Noted that a further report would be presented to the Board in the Autumn.

(Part of this item was considered after a resolution had been passed to exclude the public and press from the meeting due to the commercially confidential nature of the information, in accordance with paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).)

31. Votes of Thanks to Helen Jenner

The Board placed on record its thanks to Helen Jenner, Corporate Director of Children Services, who was attending her last Board meeting before retiring after seven years service with the Council. Helen had been actively involved in both the Board and Shadow Board.

Members of the Board paid their own tributes to Helen reflecting particularly on her inspirational leadership and ability to challenge at all levels, which had resulted in some significant improvements to the life choices of the Borough's children and young people. During her seven years at the Council Helen had overseen the Children's Centres in the Borough being classified as outstanding and 88% of the Schools classified by Ofsted as good or outstanding

The Chair reminded the Board that Helen had championed the voice and viewpoint of children and young people by constantly asking whether there had been any consultation with them or their groups, if the impact had been assessed on the young specifically, the safeguarding of young people and the needs of looked after children. A great testimony of Helen's passion was that rather than needing to be reminded, Partners now automatically had children and young people on their radar when developing strategies or service changes.