MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 22 November 2016
(6:00 - 8:04 pm)

Present: Cllr Maureen Worby (Chair), Cllr Sade Bright, Anne Bristow, Conor Burke, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Bob Champion, Matthew Cole, Dr Magda Smith, Sean Wilson and Marie Kearns

Also Present: Sarah Baker, Cllr Peter Chand and Cllr Eileen Keller

Apologies: Dr Waseem Mohi, Frances Carroll, Dr Jagan John, Dr Nadeem Moghal and Cllr Bill Turner,

47. Declaration of Members' Interests

There were no declarations of interest.

48. Minutes - To confirm as correct the minutes of the meeting held on 27 September 2016

The minutes of the meeting held on 27 September 2016 were confirmed as correct.

49. Mental Health Strategy

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and advised the Board on how the Mental Health Strategy 2016-18 had been developed including, stakeholder involvement, workshops, and an extensive consultation process, which had ended in November 2016, details of which were set out in the report. The apparent consensus from the various engagements was that the Strategy concentrates on the right areas and that prevention was a welcome focus. The four key priorities that had emerged had been:

- Preventing ill health and promoting wellbeing
- Housing and living well
- Working well and accessing meaningful activities
- Developing a new model of social support

The consultation process had highlighted that the Strategy did not explicitly address issues and risk factors affecting specific age groups, such as older people. Therefore, during the developing process, the decision was taken to ensure the priorities and overarching principles were applicable to all adults.

As this was an evolving Strategy it would need to be reviewed and adapted to meet changes to the local health and social care economy landscape and the aims of the Council’s transformation programme and NHS Five Year Forward View via the Sustainability Transformation Plan.

The Board’s attention was drawn to the Next Steps, set out in section 7 of the report, and the fact that the programme would further the findings of the Joint
Strategic Needs Assessment (JSNA) in addressing the mental health needs in LBBD and support the Health and Wellbeing Strategy.

Cllr Carpenter, Cabinet Member for Educational Attainment and School Improvement, drew attention to over 100 students at Barking College who had declared that they had a mental health issue and who were being supported within the college and how that needed to be referenced within the Strategy.

Louise Hider, Principal Commissioning Manager, LBBD, explained how funding and remodelling of the employment services contracts were being looked at, together with supported accommodation provision. Discussions were being held with developers, including Barking Riverside, and also with private landlords, which had resulted in a new six-bedroom supported accommodation provision.

Sarah Baker, Independent Chair of both the LBBD Safeguarding Adults Board (SAB) and LBBD Safeguarding Children Board (LSCB), suggested that better links with the Safeguarding Boards could enable some good learning to be shared with partners.

Sarah Baker also commented on the Strategy not talking about social isolation and suggested this should be part of early intervention.

The Chair advised that the Council had put in a bid to the National Lottery for Participation City, which if successful would provide around £8m to allow shop fronts to be used to set up hubs that would provide self-support and in turn would reduce individual’s isolation.

The Board:

(i) Noted the contents of the report, the Mental Health Strategy 2016 – 2018, and agreed the next actions, which were to:

(a) Deliver upon the Action Plan, which would be monitored and supported through the Mental Health Sub-Group;

(b) Establish and enhance links with other strategies to support the principle of parity of esteem for mental health;

(c) Continue to develop the Mental Health Strategy 2016 - 2018 to align with and support the implementation of the Growth Commission and Ambition 2020 along with the NHS Five Year Forward View for Mental Health; and

(d) Complete the suicide audit and the development of a local suicide prevention plan, which was in line with Public Health England’s ongoing programme of work to support the government’s suicide prevention strategy, and to ensure the local suicide prevention plan was linked with the Mental Health Strategy 2016 – 2018; and

(e) Work on the links with the local Safeguarding Boards, in order to benefit from their learning on appropriate issues.
50. **Children and Young People Mental Health Transformation Strategy - Plans Refresh 2016**

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and explained that NHS England had requested that the Plan, published in December 2015, was refreshed and resubmitted by 31 October 2016. Therefore, the report was to provide the Board with an overview of the refreshed Plans submitted by the CCG for LBBD.

Sharon advised that the refreshed Plan did not change the strategic direction or vision set out in the 2015 issue. However, since the LTP was published in 2015 the local CCG had been able to develop a deeper understanding of the population’s needs and local priorities, which had led to the development of plans to improve emotional health and resilience in children and young people at risk of developing mental health conditions, as well as improving access to those already diagnosed with a mental health condition. Sharon advised that the Transformation Fund of £522,000 was committed to priority work streams and the proposed expenditure plans for those was set out in section 3 of the report.

The Board was advised of the engagement work that had been undertaken with young people, including focus meetings and assessment with the BAD Youth Forum, and that the CAMHS plans refresh was also being used to inform future actions. The work streams had also resulted in closer working with NHS England on CAMHS. It was noted that new national guidance was expected shortly.

Cllr Carpenter drew the Board’s attention to agenda page 69 and raised the issues of whether one social worker would be sufficient to cover over 60 schools and if the intended resources would be sufficient for looked after children. Sharon advised that looked after children support was a new post and a review would be undertaken in due course to check capacity. It was noted that further details would be provided to all Board Members. It was also noted that the NELFT resources were a start position and would also be reviewed in due course.

The Board discussed several issues including, the impact of early intervention and the effect that such intervention could have on reducing damage for the most needy young people and children, the use of commissioning to improve targeting and services. The CCG accepted that the services may have felt fragmented, but now felt the new commissioning could result in a positive change.

Sara Baker again drew the Board’s attention to the potential to work with the LSCB and joint working on the mental health support needs that emanate from child sexual exploitation and abuse, particularly to take advantage of joint funding opportunities.

The Board:

(i) Noted the progress made on the delivery the Children and Young People’s Mental Health Transformation Plan (CYP MH TP) and the new challenges that have arisen;

(ii) Noted the contents of the refreshed plans:

(iii) Noted that additional information would be provided directly to all Board
members in relation to mental health resources support in schools and for looked after children; and

(iv) Noted the potential for links with the Local Children Safeguarding Board in regards to child sexual exploitation and also the potential for joint funding opportunities.

51. Learning Disability Partnership Board Strategic Delivery Plan Update

Louise Hider, Principal Commissioning Manager, LBBD, presented the progress report on the delivery of services to people with learning disabilities.

The Board discussed a number of issues including:

- **Employment** - One of the key actions, which had been added since January 2016, was the inclusion of a target to get 20 individuals into employment. Louise explained how work was to be undertaken to encourage large employers, such as NELFT and LBBD, to consider remodelling of contracts with providers to help achieve this.

  Cllr Carpenter pointed out that the Adult College had over 100 students that could potentially be progressed, with support, into work. Anne Bristow supported this view and stressed that it was important to assist this cohort to achieve sustainable employment and that there was potential for links to be forged with large local employers, the Adult College and public sector to improve the work offer available to vulnerable people, including those with Learning Disabilities. With BHRUT, NELFT and LBBD being three of the largest employers in the area it was important that partners provide a lead on how the basic work offer can be targeted at vulnerable individuals.

  The Chair stressed that all partners needed to look at ways in which they could directly increase employment of people with learning disabilities within their organisations. This could include looking at their recruitment and other practices to ensure that they were not discouraging individuals from applying.

- **Health** - There had been a significant increase from 25% to 75% of individuals that had now undertaken health checks. Discussion was held on the importance of this work now being embedded in service provision and how the CCG would be adding this into their commissioning requirements. Awareness raising and the need to encourage and support individuals to attend screening services was being highlighted with providers and GP practices.

- **Offenders and Victims** - Louise advised that a dialogue would be set up with the Borough Commander on the interaction of front-line staff with offenders and victims with learning disabilities.

- **Housing** - Awareness also needed to be increased amongst landlords on the specific needs of individuals with learning disabilities in regards to their obtaining and maintaining tenancies.

  The Chair advised the Board that discussions were also being held with London Quadrant on the supported living offer that could be provided at Barking Riverside.
• Transforming Care Partnership – Noted that the BHR Transforming Care Partnership had been set up during 2016 and significant work that they had already been undertaken.

Whilst the number of beds would be reduced to 22 by March 2017, the community services would be enhanced. Pathways to mental health services for this cohort, especially out-of-hours provision, was also being looked at.

• STP - The needs of those with learning disabilities were often complex. The STP would offer the three local authorities the opportunity to work together for joint solutions, such as housing provision and admission avoidance.

The Board:

(i) Noted the progress that has been made in implementing the Delivery Plan;

(ii) Noted the progress and actions made in implementing the Transforming Care Programme;

(iii) Noted the ongoing work to maintain or improve services for people with learning disabilities and autism including medical screening, offenders and victims, housing issues, and future commissioning; and.

(iv) Noted the potential for links to be forged with large local employers, the Adult College and public sector to improve the work offer available to vulnerable people, including those with Learning Disabilities.

52. Health and Wellbeing Outcomes Framework Report - Quarter 2 2016/17

Matthew Cole, Director of Public Health, LBBD, presented the Quarter 2 report. The Board reviewed the overarching dashboard, detail provided on specific areas and discussed several performance and quality issues including:

• CQC Inspection – The outcomes of the CQC Inspections and the actions being taken where improvements were identified as needed.

The Board was advised that Brookside had reopened to both in and out-patients in September 2016. Whilst the CQC report on the actions being taken was expected imminently the verbal feedback from CQC had been positive.

The Chair commended NELFT for acting so quickly to resolve the issues that had been raised by CQC.

• Primary Care – There was still significant variable performance across the area, and this would be a challenge for the STP. Specific areas for improvement included health checks, diabetes, smoking cessation and vaccinations.

It was noted that vaccinations work was being undertaken across the three CCGs.
Whilst many GP practices’ performance was good overall or good in some delivery areas, a number were still significantly underperforming. CCG advised that whilst the Primary Care has some challenges, there was evidence that they can deliver improvements: that had been evidenced by the increased health check rate for people with learning disabilities.

- Cancer Treatment and Mortality Rates – A concerted effort was required to improve outcomes for residents and to increase the testing rates, especially amongst the harder to reach individuals.

The Chair raised the issue of the need to prepare for improved results. The Chair voiced concern on the providers’ ability to respond if the public are encouraged to come forward and posed a number of questions for the partners to consider. If the demand increased for screening / testing appointments could the Primary Care / BHRUT meet that demand? Would the BHRUT be in a situation to handle the subsequent increase in positive or follow-up referral requests, bearing in mind its current appointment backlog?

Cllr Chand, Lead Member of Health and Adult Services Select Committee, LBBD, advised of the in-depth review that the Committee was undertaking regards to Cancer Prevention, Awareness and Early Detection and that the Select Committee would report its findings to the Board in due course.

- Right to Treatment (RTT) – Were advised that BHRUT had now recommenced reporting their Right to Treatment performance in November and were continuing their actions to achieve the return to 18 week Right to Treatment Standards.

The Board:

(i) Performance

Reviewed the overarching dashboard and noted the detail provided on specific indicators and raised particular concern on the current underperformance by some GP practices across a number of areas including, health checks, diabetes, smoking, vaccinations and cancer screening and whether the Primary Care sector had the capacity to take on any increase in demand for screening;

(ii) Quality

(a) Noted and discussed the outcomes of CQC Inspections and the actions being taken when improvements are identified as needed;

(b) Commended NELFT’s rapid actions, following their recent CQC Inspection, which had resulted in the reopening of both the in and out-patient services at Brookside and noted that whilst the formal report was expected shortly the verbal feedback by CQC had so far been positive;

(c) Noted BHRUT’s return to reporting their Right to Treatment performance in November and their continued work to return to 18 week Right to Treatment Standards; and
(iii) Noted that the Health and Adult Services Select Committee’s review of Cancer Prevention, Awareness and Early Detection would be reported to the Board in due course.

53. Safeguarding Boards Annual Reports 2015/16

Sarah Barker, Independent Chair of both the LBBD Safeguarding Adults Board (SAB) and LBBD Safeguarding Children Board (LSCB), presented the 2015/16 annual reports of both Boards and gave a comprehensive presentation that explained the background to both Boards, their structures and work including, statutory standing, work plans, achievements, multi-agency interaction and training, communications, engagement and consultation work strategies, serious case reviews and the numbers of referrals. The Board’s attention was specifically drawn to children at risk of sexual exploitation, the effect of domestic abuse on all ages, the Wood Review and the progress to date on the 2016/17 Priorities.

Cllr Carpenter drew the Board’s attention to the Police Station list on page 236 of the agenda and questioned whether there was any improvement as the Board seemed to be covering the same ground repeatedly. The Board discussed the greater awareness and more comprehensive understanding of safeguarding by the public and professionals which had resulted in an increase in referral rates. Sarah stressed that poverty was known to increases pressures within families and the fall out often effected the most vulnerable, such as children. Therefore, whilst there may not seem to be a reduction in numbers overall performance had improved.

Cllr Bright, Cabinet Member for Equalities and Cohesion, raised the issue of over chastisement and some faith groups, which allow abuse through their cultural practices. Sarah advised that Faith and Culture Sub-Committee had been set up to focus on finding such groups and the premises where unacceptable practices were occurring, Sean Wilson, Borough Commander, apprised the Board of the difficulties the police had encountered and how partners are finding that as soon as the groups are identified, they often move to other premises. Sarah agreed to provide Cllr Bright with contact details for the Sub-Committee.

Healthwatch raised the issue of data sharing and closer working which could be relevant to another service. It was noted that whilst there were opportunities to improve safeguarding, on occasions the data and the work of the SAB and LSCB do have to be separate.

The Chair commented that safeguarding was now mainstream for front-line services and was now accepted as a responsibility for all partners.

The Board:

(i) Received both the Safeguarding Adults Board (SAB) Annual Report 2015/16 and Safeguarding Children Board (LSCB) Annual Report 2015/16, and provided comments on their contents for the LSCB and SAB to consider as they continue to develop their future plans;

(ii) Noted all Partners now view safeguarding as a main stream activity in all their front-line services; and
(iii) Noted the improvement in safeguarding awareness amongst both professionals and the public, the adverse effect of poverty on children, actions of faith groups, the potential for shared learning and continuous review of opportunities to improving safeguarding.

54. Sustainability and Transformation Plan Update

Anne Bristow, Strategic Director for Service Development and Integration, LBBD, presented the report and explained that a further draft of the North East London Sustainability Transformation Plan (NEL STP) had been submitted to NHS England on 21 October, which set out the aims, priorities, approaches, finance and governance of the STP, the details which were set out in Appendix A to the report.

The local Board Partnership was now very mature and partners were now working well together. The Chair commented on whether devolution was seen as the way forward by HM Treasury but accepted that the STP was the position we needed to move towards in the meantime. It was noted that the Transformation funds would be one-off monies. It was also noted that 42% of NEL residents resided within three boroughs.

The Board’s attention was also drawn to the current government plans in regards to the closure of hospitals and that whilst there were no plans to close any hospitals in our area, the closure of A&E at King George Hospital may need further consideration.

Following discussion, the Board:

(i) Received and noted the Draft North East London Sustainability and Transformation Plan (NEL STP), attached at Appendix A to the report, and;

(ii) Commented on its concerns around:

- The impact the NEL STP may have on the proposals for the Accountable Care Organisation.

- The need for system-wide decision models, to ensure that the right services were in the right place, at the right time.

- The need for the local democratic voice to be heard within the larger regional and sub-regional area.

- That pressure on budgets in other boroughs / areas does have a detrimental effect on the resources available for Barking and Dagenham’s residents.

- The need to share specialist care centres across the whole NEL STP area and for it not to centre specialist care in the teaching hospitals.

- The need to champion exemplar services locally for specialist centre care status, such as the excellent Sickle Cell service at Queen’s Hospital.
- The Government’s and Treasury’s potential view on devolution.
- The proposed future of King George Hospital A&E Department, in view of demographic changes.

55. **A&E Delivery Board (formerly Systems Resilience Group) - Update**

The Board:

(i) Received and noted the report which provided details of the move from the System Resilience Group to the A&E Delivery Board and its new membership, including the change in Chair from Conor Burke to Matthew Cole;

(ii) Noted the work of the new A&E Delivery Board, which included the issues discussed at the SRG meetings held on 26 September 2016; and

(iii) Noted that the CCG were now into the preparation period for Winter reporting.

56. **Sub-Group Reports**

The Board noted the reports on the work of the:

- Children and Maternity Sub-Group
- Mental Health Sub-Group

57. **Chair’s Report**

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

- World Mental Health Day - 10 October 2016
- London Healthy Workforce Charter
- News from NHS England:
  - NHS to cut availability of sugary drinks in hospitals.
  - New funding to help people with a long-term condition or disability into work.

58. **Forward Plan**

The Board noted the draft January 2017 edition of the Forward Plan.