

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 31 January 2017  
(6:00 - 7:59 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, Frances Carroll, Sue Lloyd and Dr Andy Heeps

**Also Present:** Sarah Baker and Ian Tompkins

**Apologies:** Bob Champion, Matthew Cole, Ceri Jacob, Dr Nadeem Moghal and Cllr Bill Turner

## **59. Declaration of Members' Interests**

Frances Carroll, Healthwatch Barking and Dagenham, declared a pecuniary interest in Agenda Item 8, 'Contract: Re-Commissioning Healthwatch Arrangement'.

There were no other declarations of interests.

## **60. Minutes - 22 November 2016**

The minutes of the meeting held on 22 November 2016 were confirmed as correct.

## **61. Barking and Dagenham CCG Operating Plans 2017-2019**

Councillor Butt, Cabinet Member for Enforcement and Community Safety, arrived during this item.

Sharon Morrow, Chief Operating Officer Barking and Dagenham Clinical Commissioning Group (CCG), presented the update and explained how this was the first time that the planning process had been for a two-year period. The report flagged the financial position of the Barking and Dagenham, Redbridge and Havering CCGs and the risks associated with the operating plan requirement to deliver the financial control total for 2017/18 and 2018/19. This would require a savings requirement of £55m in 2017/18, which equated to around £15m for Barking and Dagenham CCG. £35m of the £55m savings requirement related to the BHRUT contract.

The Board's attention was drawn to the Operating Plan Priorities for the commitments for primary care, urgent and emergency care, referral to treatment and elective care, cancer, mental health and learning disabilities.

The Board was also informed that the planning guidance for the Better Care Fund should be received imminently but that it was generally expected to be an evolution of earlier versions and was likely to also cover the period 2017 to 2019. A number of national conditions, targets and metrics would need to be achieved, the details of which were set out in the report.

The Board questioned the targets set out in the mental health commitments as these seemed low. Sharon advised that these were the Government's minimum national standards and achievement in some areas was already higher, as an example the target for those 'people experiencing their first episode of psychosis beginning treatment with a care package' had been expanded from 50% last year to 53% this year. Locally performance was already achieving above that standard and work was continuing with NELFT to improve delivery further.

Anne Bristow, Strategic Director for Development and Integration, stated that Head Teachers within the Borough continually raise concern about the need for mental health support for children and young people. Anne stressed that the earlier support was provided to children and young people, the more positive the outcomes and life chances for those concerned would be and the less support they may require at a later stage.

The Chair reminded the Board that concern had been expressed previously about the effect that the STP and the effect of the BCF locally.

Conor Burke, Chief Operating Officer B&DCG, advised that an initial 'early thoughts' meeting had taken place the previous week and that work was continuing to clarify several issues around commissioning options and discretionary services. This was a significant component of priority setting and was being driven by the unprecedented £55m funding reduction. Conor advised that it was hoped that some 'in principle' agreements would emerge shortly in regards to what would be done, how we would do it and, perhaps more importantly, what would we may stop doing. A further update report would be provided at the next Board meeting.

The Board raised concern about the Governments low expectations and felt that the targets locally needed to be looked at more robustly and that this should be done by the Integrated Care Sub Groups.

The Board:

- (i) Noted the CCG Operating Plan for the two-year period 2017/19, the Five Year Forward View priorities and the targets set by the Government, as set out in the report; and
- (ii) Raised concern about the low targets expected by the Government and how those had influenced the targets in regards to mental health service standards, which were set out in page 16 of the Agenda. The Board tasked the Integrated Care Sub Groups to review those targets and delivery options to ensure that performance targets are more stretching, in order to achieve a significant impact on mental health service(s) provision and support for residents.

## **62. Overview of Council Transformation Proposal for Children's and Adults' Social Care and Community Solutions**

Anne Bristow, Strategic Director for Development and Integration, introduced the report and presentation and reminded the Board that Ambition 2020 was a programme to transform services to ensure their sustainability and continued effectiveness, bearing in mind the projected £63m budget gap to 2020/21 and the

£10m savings for children and adults care and support that needed to be achieved. There were four key elements of the transformation programme that were relevant to the Board and its partners, the details of which were set out in the report. Anne then drew attention to:

- Growth and competing pressures, including demographic changes.
- The different types of needs for adults and children.
- Complexity of needs of clients, such as children coming through special needs schools into adulthood.
- London-wide shortage of social workers and the recruitment initiatives being undertaken by the Borough.
- Services updating so they are fit for the 21<sup>st</sup> century including the use of technology.
- Ensuring the right support was be provided to the right people, at the right time.
- Building on the work that was already happening in GP surgeries.
- Innovation and joint commissioning to allow partners to work better and cheaper.
- A new way of signposting individuals to care and support, whilst tailoring that access for existing long-term users.

Chris Bush, Commissioning Director for Children's Care and Support, explained that for his area the clients were children that met the threshold of needing acute / high level support. Chris drew attention to:

- Services had to be flexible, reactive, holistic and provide a joined-up response.
- The consistency of the professionals the families contacted was clearly important. The principles of planning the services and stability of the workforce was a primary aim.
- The service would be moving to locality based assistance.
- A key change would be the creation of a cradle to grave, children and adults' disability service.
- Work being undertaken to ensure commissioning was more cost effective, offered good value for money and that the right services were available across the Borough.
- The savings anticipated would be in the order of £4.4m.

Chris stressed that by targeted early intervention, before children come into care, could have a significant effect on the family and life choices of the child.

Mark Tyson, Commissioning Director of Adults' Care and Support, advised that his service concentrated on people with frailty and older people with mental health problems. It was important that clients had choices in their care and that people feel safe and connected to the wider community. Mark explained what the changes would mean and drew attention to:

- The new IT system to support teams.
- Preventative, front end support.
- New accommodation based support options
- Work with partners to review and improve delivery models.
- Stronger commissioning.
- The savings would be in the order of £5.4m

Tudur Williams, Operational Director, Service Development and Improvement, advised that over the last few months the work of designing the new service had been based upon the consultation that had been undertaken with service users on what they wanted. Tudur drew attention to:

- The end of age limits by providing for need, not age.
- There would be a one-stop-shop for all people regardless of age, with a few exceptions, to create a cradle to grave seamless service.
- The operating model for the Disability Service and the new combined Disability Service would start operating by late April.
- A holistic service, which would include social workers, sensory and therapy teams.
- Increased use of assisted technology.
- New IT system would come into use in February 2018, which would provide better support to teams.
- The savings would be in the order of £1.7m

The Boards attention was also drawn to the potential impacts on health partners, contact routes and the live sharing of data feeds as the new IT systems come on line, which would reduce duplication and repeated form filling.

The Board discussed several issues, including:

The Chair stressed that the overview shows the significant changes that were being put into place. Community solutions should remove silo working and would help residents know what they could do for themselves and how they could access the support they need. An important aspect was to stop residents relying on the Council as a paternalistic service and to encourage them to look for and seek what meets their needs themselves.

Cllr Carpenter, raised concern about how schools would be able to access the educational psychology service. Anne Bristow advised that this had already been considered at a high level and more detailed work would be done to look at how the offer to schools could be improved alongside the commissioning of 0-19 health services and the CAMHS transformation programme.

Sarah Baker, Independent Chair of LBBDD Safeguarding Adults Board and LBBDD Safeguarding Children Board, felt that both those Boards could offer support and help and that such work would need to be built into their priorities next year. Sarah would contact appropriate colleagues to arrange this.

Healthwatch were concerned that help was all being moved to an on-line service and this might be difficult for the frail and elderly or those with little or no IT experience. The Chair reminded Partners that Care City was developing IT systems to enable quick and direct access to services and suggested that all partners visit Care City to see these.

Sharon Morrow confirmed that colleagues had been sharing plans and the impact on health had been considered, including potential joint commissioning strategies and opportunities. The aim was to ensure that, wherever possible, the plans and changes come together at the same point in time.

The Chair advised that further reports on progress would be presented in due course.

The Board:

- (i) Received the report and comprehensive presentation and noted the work being undertaken by the Council in transforming the children and adult social care services in the Borough, including the new Community Solutions initiative; and
- (ii) Noted that further reports will be presented in due course, which would provide additional information on the educational psychology services, the potential to work with the LBBD Safeguarding Adults Board and LBBD Safeguarding Children Board, implementation progresses, impacts the programme may have on partnership activity and any potential opportunities for further integrated activity.

### **63. Developing an Oral Health Strategy in Barking and Dagenham**

Susan Lloyd, Public Health Consultant, presented the Oral Health Strategy which identified the oral health issues that affect children and adults in the Borough and set out the ambition to improve the oral health of residents. The strategy also set out the key priorities, which had been devised with partners through an oral health partnership group. The strategy included encouraging people to visit the dentist on a regular basis, improved diets and reducing the consumption of sugary food and drinks, oral hygiene and preventative dental care as well as increasing exposure to fluoride through toothpaste and varnishing. There were added health benefits from better diet as well.

Susan explained that the Borough had a high level of tooth decay in children, and that although this had improved over recent years, it was still higher than the London average. On the plus side 94% of adults have 21 or more of their own teeth, which was the level considered as a 'functioning mouth'.

Tooth brushing and wider education programmes would be undertaken. This included 7,000 children receiving a toothbrush and education linked to the 'Child Smile' Programme.

It was noted that the programme would cover all early years settings in the Borough.

The Board were delighted with the report and the evidence based simple and practical initiatives, which could have a positive impact for low cost. The Chair stressed that the pester power on parents from a child being provided with a 'funky toothbrush' and their teacher encouraging its use should not be underestimated.

Anne Bristow reminded the Partners that all contact with parents should count. If the programme results in a parent(s) and child going to a dentist, then they would be more likely to keep going. The effect on Partners should not be underestimated as on average over 300 children from LBBD were admitted to hospital for dental treatment each year, so improved dental health would help BHRUT pressures as well.

The Board:

- (i) Approved the Oral Health Promotion Strategy, attached at Appendix A to the report; and
- (ii) Agreed the next steps, as set out at section 6 of the report.

#### **64. Contract: Children's Emergency Duty Team - Four Borough Shared Service Arrangement**

Chris Bush, Commissioning Director for Children's Care and Support, presented the report and explained that the Council was required to have an Emergency Duty Team for Children (EDT) to meet the statutory duty to safeguard children and respond to referrals out-of-hours for children at risk of harm or in need of emergency care.

A review of the options on how this EDT service would be provided had been undertaken, including the benefits and risks of each option, the full details of which were set out in the report. The review had resulted in a recommendation for the future procurement of the Children's EDT service to be procured as a new service alongside neighbouring local authorities through an open tender exercise (option 3) as set out in the report.

The Board:

- (i) Agreed to enter into a new three-year shared service arrangement with the London Boroughs of Redbridge, Waltham Forest and Havering for the delivery of the four-borough Children's Emergency Duty Team from the 1 April 2017; and
- (ii) Agreed a total contract value for the London Borough of Barking and Dagenham of £691,231.49, with the annual amounts anticipated to be in the order of:

2017/18 - £228,398.26  
2018/19 - £230,403.76  
2019/20 - £232,429.47.

#### **65. Contract: Re-Commissioning Healthwatch Arrangement**

Frances Carroll declared a pecuniary interest and the Healthwatch Team left the meeting at this point and took no part in the discussion or decision.

Andrew Hagger, Health and Social Care Integration Manager, presented the report and explained that Healthwatch had a statutory place on the Board and was a key part of the local health and social care landscape. National guidance sets out the key functions that Healthwatch must deliver and their role included being a consumer champion for users of health and social care services, signposting of residents to the correct service and collection of people's views and experiences as part of the scrutiny of service provision. The Council was required to commission a local Healthwatch organisation under the Health and Social Care Act 2012. The organisation that hosted or delivered the healthwatch function could

of course change

Andrew explained the financial position and that the current Healthwatch contract was due to expire on 31 March 2017. The recommended route for procurement of the service was the open procurement procedure for the award of a two-year contract from 1 July 2017 to 30 June 2019 with the option to extend for a further 1 (1+) year(s). The Board noted the estimated cost of the contract and the set up costs. The anticipated spend had been benchmarked across London and some efficiencies from bidders would be required to meet the funding available. In addition, bids would be robustly tested against the framework. Should Partners wish to participate in the process they should contact Andrew Hagger.

The details for the procurement strategy and estimated contract value were set out in the report.

The Board:

- (i) Agreed that the Council should proceed with the procurement of a contract for a local Healthwatch for Barking and Dagenham, in accordance with the strategy set out in the report; and
- (ii) Delegated authority to the Strategic Director Service Development and Integration, in consultation with the relevant Cabinet Member(s), the Chief Operating Officer and the Director of Law and Governance, to conduct the procurement and enter into the contract and all other necessary or ancillary agreements with the successful bidder(s) in accordance with the strategy set out in the report.

Frances Carroll and the Healthwatch Team re-joined the Board.

## **66. Update on the work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge**

Mark Tyson Commissioning Director of Adults' Care and Support presented the report and advised that its purpose was to provide an update and recap on the strategic and business case to date.

The report set out the details on why the ACO was not justifiable, at present, and the alternatives that had resulted in the formation of the Integrated Care Partnership (ICP), which in turn had resulted in joint commissioning, joint system oversight and a new locality structure being the key components to the proposed way forward for managing the health and care in the three boroughs. Workshops had also assisted in concentrating the requirements and aims of the ICP.

The Chair reminded the Board that a commitment had been given that once the Integrated Sub Groups agreed on an action, the individual partners would make those changes a reality in their own organisations. The important point was this was a delivery vehicle with joint commissioning, it was certainly not a talking shop. Connor Burke advised that significant progress had been made and we would be able to make practical changes in the next few months.

The Chair pointed out that the Government was now serious about health devolution for London and this would need to be borne in mind when developing

the STP and commissioning in the near future.

The Board:

Noted the progress in establishing the new partnership arrangements for the health and social care system for Barking and Dagenham, Havering and Redbridge, and the work being undertaken by the Board's Integrated Care Sub-Group on the establishment of the locality model.

**67. Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board**

Cllr Carpenter left the meeting during this item.

Ian Tompkins, Director of Communications and Engagement NEL STP, advised that the STP draft had been submitted in October and whilst some informal feedback had been received the formal feedback was still awaited.

Work was being undertaken on building bridges both within the NHS and with its partners, included sharing networks and contracts. It was noted that engagement work was being undertaken with Healthwatch during February.

Ian explained that the Memorandum of Understanding was currently being circulated, with the aim of setting up shadow governance structures, together with proposed Terms of Reference, and aims. The hope was for the governance to be sorted out and in place in the next five weeks.

Constancy of service provision and good practice across the whole area would then be the aim.

The Chair advised that there were some concerns and reticence to sign the Memorandum of Understanding as the local authorities were not being represented adequately and the local voice was not transparent. The concern was that unless there was parity of esteem for all the member organisation, it would not be a true partnership. The Councils would like to be asked who they wanted to represent them and not have that representative foisted upon them. There was also concern at local level that any change of policy at a national level would be a threat to long-term achievement and stability. Ian Tompkins advised that there would be further discussion on the representation at the Sub-Board by local authorities.

The Chair pointed out that the eight boroughs that had been put together for the NEL STP were not a natural fit, as they had completely different needs and challenges.

The Board:

- (i) Noted the update and presentation attached as Appendix A and Appendix B respectively to the report and noted the current discussions underway about Sustainability Transformation Plans (STP) governance, and the direction of travel for the STP.
- (ii) Raised concern about the lack of responsiveness to representations sent



by the Councils to the NEL STP team, and in particular, the continued absence of local authority representation on the NEL STP Board, the different needs and challenges faced by the eight boroughs selected and how local resident representation was being selected.

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

Connor Burke, Chief Operating Officer B&DCG, provide an update from which the Board:

- (i) Noted the work of the A&E Delivery Board, which included the issues discussed at the A&E Delivery Board meetings held on 31 October and 23 November 2016 and that two meetings had also been held in December and January, the details of which would be reported at the next meeting;
- (ii) Noted that the CCG were now well into the period for Winter reporting and had performed well so far, including during the Christmas and New Year period. The Board wished to place on record its appreciation of the hard work undertaken by the staff to achieve the improved performance; and
- (iii) Noted that planning was already underway for the Easter period.

#### **69. Sub-Group Reports**

The Board noted the reports on the work of the:

- Learning Disability Partnership Board (LDPB), which included:
  - New format of the LDPB meetings
  - Sub Group Forums
  - Annual Health Checks for People with Learning Disabilities
  - Independent Housing Strategy
  - Improving Employment Opportunities for People with a Learning Disability
  - Offender Health and the Criminal Justice System
  - Action and Priorities for the LDPB over the coming period

#### **70. Chair's Report**

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

- Breast Screening Information Update.  
The Chair highlighted the publicity that the Council had given to this issue and to the fact that the mobile Breast Screening unit will be in Barking for a number of weeks making access easier.
- Primary Care and Community Pharmacy 2017

- Adult Social Care Survey 2017
- News from NHS England
  - NHS England Review of 2016
  - Allied Health Professions  
Had joined forces to help shape future healthcare and the new guidance and commitment published by NHS England entitled 'Allied Health Professions into Action'.

## **71. Forward Plan**

The Board noted the draft March 2017 edition of the Forward Plan and the deadline for any changes to be made.