MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 5 July 2017 (6:00 - 8:18 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Anne Bristow, Conor Burke, Cllr Laila M. Butt, Frances Carroll, Bob Champion and Matthew Cole

Also Present: Andy Heaps (Consultant- BHRUT)

Apologies: Cllr Evelyn Carpenter, Cllr Bill Turner, John Cooze and Dr Jagan John,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes (14 March 2017)

The minutes of the meeting held on 14 March 2017 were confirmed as correct, subject to a minor amendment to Minute 74 – NELF CQC Comprehensive Inspection- Quality Improvement Plan to read "Councillor L Butt arrived during this item".

3. Liver Disease Prevention Strategy

Susan Lloyd, Public Health Consultant, Matthew Cole (LBBD) and Dr Paul Kooner, Liver Consultant (BHRUT), jointly presented information to the Board regarding the extent of liver disease in Barking and Dagenham, which indicates that it is the sixth biggest cause of death for men in the Borough with the number of women suffering from the disease on the increase. The presentation highlighted the main causes of the disease being alcohol, obesity and infection, the associated demand on services including both the financial costs to the NHS and the wider costs to society from mainly alcohol abuse in terms of social disturbance, crime and domestic violence. In the past year alone there have been a total of 89 liver disease related deaths in the Borough of which 85% were preventable.

Matthew Cole, Director of Public Health highlighted the Council's current prevention approach being delivered through a number of initiatives linked to the Council's substance misuse and healthy weight strategies as well as health protection generally. The Council's substance misuse strategy aims to address education to prevent misuse, treatment and social responsibility linked to alcohol related disorders, however the Borough does not currently have an agreed approach to prevent or detect liver disease at an early stage, which the paper sought to address. It put forward a new model of care which in summary includes community assessments of local need, effective interventions, the development of an integrated care pathway, benchmarking and early detention through periodic opportunist screening such as the pilot screening session that was conducted at Dagenham Library last November, and which from thirty seven people scanned sixteen were found to have varying degrees of liver abnormalities. In response to the presentation the Board raised a number of questions concerning the effects of the disease on specific ethnic groups and explanations as to the significant rise in the number of women suffering from the disease. Although it is a known fact that men are more affected than women there is little data on the ethnicity breakdown. As for the sharp increase in reported cases of women the consensus view is that there are two principle influencing factors namely the way fat is broken down in a woman's body and increased binge drinking in women generally.

The Chair stated that the statistics including those from the pilot screening make for difficult reading and consequently the Council needs to develop a communication strategy in partnership with others to get the hard-hitting messages across to the local community about taking personal responsibility for lifestyle changes so as to reduce the number of hospital admission in the longer term. Anne Bristow, Strategic Director for Service Development and Integration added that it will be important to shape the communications so we match the interventions with the messages that we want to get across to the public in such a way that it positively encourages behavioural change.

Councillor Bright enquired of the incentives there are for people to lose weight to which the Chair replied that there are several Council programmes aimed particularly at older residents. There is also a GP referral system to get on healthy eating and other programmes.

The report has recommended that the Board support Barking and Dagenham Partnership engagement in the development of a tri-borough liver disease prevention strategy. The Chair whilst supportive of this as a starting point made the point that the problem is more acute in this Borough than both Havering and Redbridge and therefore the danger is that a tri-borough approach may mean we lose out on funding opportunities.

With that in mind, the Board **agreed** to endorse a tri-borough liver disease prevention strategy as outlined in the report and presentation, to be developed over the next 12 months through an appropriate commissioning strategy which recognises the particular needs of Barking and Dagenham. Alongside this, the Council will run a more immediate media campaign to publicise the preventive programme such as the screening at Dagenham Library, highlighting to residents the fact that many deaths from liver disease are preventable.

4. Care City Innovation Test Bed Update

The Board received a report from John Craig, CEO of Care City on the work and future initiatives of the organisation in Barking and Dagenham which is focused on Barking Riverside through what is known as the Healthy new Town Project. He explained that with a Borough population expected to rise to 275,000 by 2037, continued poor health outcomes, an ever-growing demand for health and social care with substantial pressures on budgets against the backdrop of the impact of austerity measures over the past seven years; health and care integration and innovation has never been so important.

Care City is the only healthy ageing project in London testing digital innovation for the benefit of patients with the aim of producing real health benefits at lower costs.

The focus is on long term conditions such as dementia. Care City organises its work around three activities namely research, innovation and education. Mr Craig outlined a number of the projects currently being worked on such as the development through GP practices and chemists of a mobile ESG linked to smart phones to test for those persons at risk of strokes and a full risk assessment of a gadget to assess the level of falls with a view to falls prevention through the development of personalised exercise programmes.

Longer term the aim is to make Care City self- funding and a sustainable health care provider and to secure a permanent base within the Borough. Mr Craig has been inspired by the support and response he has received and going forward he is looking to actively engaging with the Board around potential collaborations.

The Chair is very pleased to have Care City in the Borough and looked forward to working with them. In terms of future arrangements, the Strategic Director commented that she was aware that Jane Milligan the STP lead for NE London has indicated that she would very much like to see Care City as a partner and that this could lead to some funding opportunities.

5. Stepping Up: The Future of Health and Wellbeing Board

The Board noted a report summarising the outcomes of the workshop held in January 2017 which was arranged to review the current state and future of the Health and Wellbeing Board and focused on developing a stronger narrative on the history of health and social care integration in Barking and Dagenham.

Subsequent discussions have taken place on the future direction and vision of the Board, and how it can deliver better health and wellbeing outcomes for residents of Barking and Dagenham through reframing the operation of the Board. There was a consensus that the best way forward would be for the business of this Board to be conducted with:

- Fewer, more substantive items and less routine operational business;
- A stronger emphasis on ensuring a place for discussion about system interventions, principally the BHR; Integrated Care Partnership and the East London Health & Care Partnership (the Sustainability & Transformation Plan);
- Consideration to reviewing the timing of meetings, and
- A refreshed substructure for the Board

Conor Burke, B&D Clinical Commissioning Group in supporting the realignment as proposed commented that it is important to ensure that the right information is presented to the right meeting, with the current arrangements appearing too fragmented. The Chair stated that with the move towards more integrated health services this Board needs to focus its discussions on more strategic matters and lose some of the more routine items from the agendas. Dr Mohi added that from a public perceptive these meetings can appear a little dull and consequently it is important to make them interesting and encourage participation.

A further report will be brought before the Board in September 201 outlining in greater detail the changing direction of the Board and presenting the integration narrative outlined above, as well as reflecting any additional proposals or challenges which may be identified.

6. Integration and Better Care Fund Plan 2017/19 Update

Mark Tyson, Commissioning Director updated the Board on the current position regarding the development of the 2017-19 Integrated and Better Care Fund (BCF) Plan in Barking and Dagenham, Havering and Redbridge (BHR). The Fund a joint Government, Local Government and NHS programme seeks to address mounting budgetary and demand pressures through health and social care integration with the aim of ultimately enabling people to manage their own health and wellbeing and live independently in their own communities for as long as possible.

Although final Government policy guidance has only today been issued the Plan as presented builds on both the work of the 2015-17 Plan and a number of directives and guidance already issued by the Department of Health (DoH) and the Department of Communities and Local Government (DCLG). To maximise the potential of the Fund, and in light of the vision of the BHR Integrated Care Partnership the proposal is to explore in depth the merits to which the BCF Plan might be joined across BHR's Health and Wellbeing Boards. However due to timing and to ensure the 2017-19 Plan is implemented to its fullest potential a staged approach will be followed so that in year 1 a new commissioning strategy is established with year 2 being used to pursue flexible pooled budget arrangements to follow joint commissioning plans to allow for integrated sustainable health and social care services in the three Boroughs.

Subject to ongoing discussions amongst the three Boroughs, a further report will be presented in September with a view to the Board approving the final Plan, in the absence of which, and so as not to delay matters, it was agreed to delegate authority to the Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Accountable Officer for the BHR Clinical Commissioning Groups and the Director of Law and Governance.

7. Annual Reports

The Board received and noted the following annual reports:

- Health and Wellbeing Outcomes Framework Performance report Q4 and Outturn 2016/17
- Healthwatch 2016/17. It was reported that a new provider for this service will take effect from the end of July 2017. The Board placed on record its thanks to all the staff and volunteers at Healthwatch for their help and support over the past four years.

8. Joint Local Area SEND Inspection in Barking and Dagenham

The Board received and noted a report on the findings of the Ofsted and Care Quality Commission Joint local area inspection of the Borough's disability and special educational needs (SEND) reforms brought about by the Children and Families Act 2014. During the inspection, amongst others, the views and opinions of children, young people, their parents and carers were sought. The Strategic Director commented that the parents were very positive in their comments and mentioned to the inspectors that they were kept fully involved. The outcome of the inspection was overwhelmingly positive as reflected in the final letter from Ofsted and the CQC, a copy of which was appended to the report. The inspection highlighted many strengths across education, health and social care in terms of the support offered to children and young people with SEND and their families as well as the partners' commitment to reform and effective implementation. Other positives mentioned were local governance arrangements including the role of this Board in holding leaders to account, collaboration between healthcare and local authority staff in schools and colleges as well as strong relationships with providers allowing for the effective monitoring of the safety and well-being of children and young people.

In terms of areas for development reference was made to the insufficient numbers of parents and young people who know about and/or use the Local Offer to find advice and help, an absence of detailed targets and timescales incorporated into plans as well as a lack of clarity about how some aspects of services will be jointly commissioned. Other areas requiring improvement concerned the capacity in providing a range of therapies due to recruiting and training staff which in turn leads to delays in EHC plans, which themselves do not consistently benefit from appropriate input from health and social care. Finally, the low proportion of young adults with learning disabilities accessing training and employment was also identified as an area for development.

In response to the findings of the inspection a multi-agency action plan is being developed to begin to address the identified areas for improvement, progress on which will be reported to this Board as necessary.

The Board placed on record its thanks to all the parties involved including staff and healthcare partners, who have worked incredibly hard to achieve such positives outcomes for children and young people with disabilities in Barking and Dagenham.

9. Future Integrated Arrangements for the Delivery of Mental Health Social Work in Barking & Dagenham

The Board noted a report into the outcome of a review into the provision of adult mental health services in Barking and Dagenham that was commissioned in the light of correspondence from the Chief Social Worker for Adults, seeking assurances that the appropriate statutory duties around adult mental health services were being satisfactory discharged.

Whilst recognising examples of good practice the review highlighted areas of immediate concerns around compliance with safeguarding procedures, the stability of parts of the workforce and some limitations with the Care Act compliance of the service.

Changes are taking place in the way the Council and its health partners are approaching integrated services within the framework of the BHR Integrated Care Partnership. This together with the introduction of the new Community Solutions Service for initial access to social care alongside a range of other frontline services, as well as current work looking at the future employment and vocational support for this service user group, has provided the opportunity to re-evaluate the place of mental health social care services in this new emerging landscape. In the light of the review and the above factors the Statutory Director of Adult Social Services has taken the decision to reinstate a direct management relationship with mental health care services with effect from 1 October 2017. A temporary six-month extension arrangement with NELFT is presently being negotiated to maintain the service for the delivery of the integrated service. All partners agree that the priority must be the safe transition of patients and residents as service users.

The Strategic Director emphasised that the primary focus of the review will be about the service users and their social workers who will be managed in a different way. It is envisaged that a new service model will emerge from April 2018 and will then evolve over the next 12-month period thereafter.

10. Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services

The Cabinet Member for Social Care and Health Integration presented a report regarding the procurement of an Integrated Substance Misuse service under two separate contracts namely adults and young people.

The Board agreed:

- (i) That the Council proceed with the procurement and award both contracts in accordance with the strategy outlined in the report; and
- (ii) To delegated authority to the Strategic Director of Service Development and Improvement, in consultation with the Director of Public Health, Chief Operating Officer and the Director of Law and Governance, to award the contracts for the provision of an integrated substance misuse service for adults and young people respectively to the successful bidder in accordance with the strategy in accordance with the strategy set out in the report.

11. Contract for the Provision of a Three-Borough Integrated Sexual Health Service

In Barking and Dagenham an Integrated Sexual Health Service (ISHS) is currently provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). The existing contract is due to expire on 30 September 2017 but there is provision for a further one-year extension.

In the light of the above the Cabinet Member for Social Care and Health Integration presented a report outlining a procurement strategy involving the three Borough (B&D, Havering and Redbridge) procurement of the ISHS contract with Barking and Dagenham leading the exercise on behalf of the other two Boroughs. Accordingly

The Board **agreed**:

 That the Council extend the contract for the provision of the Integrated Sexual Health Service (ISHS) currently provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) for a period of one year from 1 October 2017 until 30 September 2018;

- (ii) That the Council proceed with the procurement of a new three-borough ISHS commencing 1 October 2018 for an initial period of five years, with the option to extend for a further three-year period on an annual basis in accordance with the Council's Contract Rules; and
- (iii) To delegate authority to the Strategic Director for Service Development and Integration, in consultation with the Director of Public Health, the Cabinet Member for Social Care and Health Integration, the Chief Operating Officer and the Director of Law and Governance, to award the contract to the successful bidder.

12. Integrated Care Partnership Board - Update

The Board noted the work undertaken since the last meeting by the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) including the action notes from meetings of the Board held on 24 April and 31 May 2017.

Commenting on the report, the Chair stated that nationally it is acknowledged that Sustainability and Transformation Plans (STP's) will take a more strategic overview and assume complex commissioning aspects and therefore accountable care systems are regarded as the way forward.

13. Sub-Group Reports

The Board noted the following reports:

- (i) Mental Health Sub-Group, 15 May 2017;
- (ii) Integrated Care Steering Group, 12 June 2017; and
- (iii) Learning Disability Partnership Board, 17 January and 22 March 2017

14. Chair's Report

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

- The potential implications of the General Election result, including the funding of social care;
- Thrive London, a city-wide movement for mental health supported by the Mayor for London and the London Health Board, with the aim of bringing together agencies and communities to improve mental health services, prevent illness and promote community cohesion;
- Cancer Scrutiny review progress update;
- LGBT+ Needs Assessment;
- The 2016-17 Local Account. The Council's annual message to the community on the state of adult care and support in Barking and Dagenham;

• Future Board meeting dates 2017/18.

15. Forward Plan

The Board noted the draft August edition of the Forward Plan due to be published on 7 August 2017.

16. Private Business

The Board **agreed** to exclude the public and press for the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

17. Contract for the Provision of Mental Health Support Services for Mental Health Service Users

The Cabinet Member for Social Care and Health Integration presented a report on the proposal to procure new, integrated mental health supported living services.

The Council currently commissions mental health supported living across three sites in the Borough. All three contracts are due to come to an end on 30 September 2017 with no extension provisions. It was noted that the current schemes generally provide daytime services for people with low to medium levels of need. There is a greater need going forward for schemes which offer a 24-hour presence, currently only available via spot purchase arrangements. Also, service users require support tailored to their individual needs rather than support that is attached to a building or specific location.

The Board **agreed**:

- That the Council proceed with the procurement and award of a contract for the provision of mental health support services from 1 February 2018 to 31 January 2023 in accordance with the strategy set out in the report;
- (ii) To waive the requirement to advertise and tender in accordance with the Council's Contract Procurement Rules and directly award a four-month contract to Outlook Care and Look Ahead from 1 October 2017 to 31 January 2018 for the provision of mental health supported accommodation, to ensure service continuity whilst the procurement exercise is undertaken in accordance with the strategy set out in the report; and
- (iii) To delegated authority to the Strategic Director for Service Development and Integration, in consultation with the Cabinet Member for Social Care and Health Integration, the Chief Operating Officer and the Director of Law and Governance, to conduct the procurement and award the contract with the successful bidder(s) in accordance with the strategy set out in the report.