

# MINUTES OF HEALTH AND WELLBEING BOARD

Wednesday, 8 November 2017  
(6:00 - 8:23 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Cllr Sade Bright, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Cllr Bill Turner, Anne Bristow, Conor Burke, Bob Champion, Matthew Cole, Nathan Singleton and Dr Magda Smith

**Also Present:** Brian Parrott, Cllr Adegboyega Oluwole and Ian Tompkins

**Apologies:** DI John Cooze, Ian Winter

## **32. Appointments**

Noted the appointment of Nathan Singleton as the Healthwatch representative.

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

There were no declarations of interest.

## **34. Minutes - 6 September 2017.**

The minutes of the meeting held on 6 September 2017 were confirmed as correct.

## **35. The Mayor of London's Health Inequalities Strategy**

Councillors Bright and Butt arrived during this item.

Fiona Wright, Consultant in Public Health Medicine, LBBD, presented the report, which also acted as an introduction to the interactive workshop session that was undertaken during the Board meeting.

Fiona explained that the Mayor of London's aim was to reduce unfair health equalities across London and the consultation period was underway on his draft strategy, which sets out five key aims for reducing health inequalities in London by 2027, namely Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits. The deadline for responses to the Mayor was 30 November 2017.

The Board was reminded of the recently published Borough Manifesto, the statutory background, other local plans including, the key ambitions of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA), which were due to be refreshed, and sub-regional and demographic changes that were occurring. There was now an opportunity to look afresh at what could be achieved across London and in the Borough with the help of the Mayor. Fiona drew specific attention to the areas where the Borough was rating poorly including, child obesity, the proportion of people with mental illness in settled accommodation, deprivation and employment levels, more than 50% of households in 4 out of 17 wards have deficient access to nature, high levels of

criminal notifiable offences and their impact on health and wellbeing, and high smoking rates particularly in pregnant women. However, there would also be an opportunity to promote areas of good practice within the Borough in the response to the Mayor.

In response to a question from Cllr Carpenter, LBBB Cabinet Member for Educational Attainment and School Improvement, regarding early years actions, Anne Bristow, LBBB Deputy Chief Executive & Strategic Director for Service Development and Integration, said that she felt that we needed to look at more than just physical health and should investigate putting actions and interventions in place before birth. For example, we need to look at using antenatal classes for more than physical care skills, such as how to bath a baby, and also use them to teach parents about emotional needs such as how to talk to their baby. Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership, commented that education on good health choices and health risks is important, however, we need to look at why people continue their bad practices when they know the consequences. Cllr Turner LBBB Cabinet Member for Corporate Performance and Delivery, commented on the lack of reference to what is in the Mayor's powers, where he could specifically make changes, for example there was no mention of public transport. Cllr Turner drew the Board's attention to the aims set out on pages 23 and 24 and also questioned why some diseases were targeted but not others. The Chair raised several issues including, the potential to use Town Planning as a tool for change, funding and parity of provision.

The Board:

- (i) Having considered the draft Mayor of London's Health Inequality Strategy and discussed the London wide and local implications following an interactive workshop, the Board endorsed the principle behind the five aims set out in the Strategy. However, the members of the Board raised a number of issues to be included in the response, these issues are outlined below:
  - (a) The draft Strategy was too general in places. Members of the Board felt the aims should be more targeted and should set out with more detail what the intentions and results are, this will allow the correct interventions to be put into place locally, for example:
    - Needed to have more specific targets for cross London interventions, e.g. the Mayor should set an air pollution level for all London Boroughs.
    - Specify what was within the Mayor's power to affect change, rather than what his office can influence, for example there is no mention of public transport and how the Mayor's powers could be used on the advertising of unhealthy foods and drink on TfL transport and premises.
    - Why was Tuberculosis and HIV/Aids specifically raised, but not other diseases.

- Transitory nature of our local population, which moves across borough boundaries.
  - The need for consistent messages and support levels across all partners regardless of where you are in the borough, sub regional or London area.
  - Use of the Air Toxicity Tax to benefit all of London, not just the more affluent boroughs in central London.
  - Encourage a 'children welcome here' ethos in businesses and public bodies.
  - Encourage the 'daily mile' in all schools across London.
  - History shows that residents in affluent areas have benefited more from health interventions and programmes than the more deprived areas of London and what support was being offered to address this.
- (b) Suggested that initiatives, such as bicycle hire, are not concentrated in central London but are expanded to the outer London boroughs.
- (ii) Delegated authority to the Deputy Chief Executive and Strategic Director for Service Development and Integration, to sign-off a detailed consultation response, based upon the feedback from the workshop session, on behalf of the Council in consultation with the Chair, Director of Law and Governance and the Director of Public Health;
- (iii) Encouraged partners to submit consultation responses and noted that ELHCP would also be including in their response many of the same points raised by the Board; and
- (iv) Agreed that the Mayor's final Strategy will be reviewed to inform the refresh of the Barking and Dagenham Joint Health and Wellbeing Strategy in 2018.

### **36. Diabetes Update Prevention and Care**

Susan Lloyd, LBBB Consultant in Public Health, presented the report and explained the difference between the different types of diabetes and the actions needed to identify and treat diabetes and to reduce the secondary complications and issues which it causes.

There had been significant improvements in diabetes care in the community over the past year and the report provided details of the progress to-date and the future partnership working that would be needed to achieve the desired continued improvements. The prevention of diabetes was becoming a significant driver to reduce pressures on care and health services and the community and to improve the wellbeing of those that are, or could become affected by the condition. Next year a preventative programme would be started to identify and check individuals that had the risk factors for developing the disease and to encourage lifestyle changes that can reduce or remove their risk. A mixed commissioning approach

would also encourage closer working between primary and secondary health care. The Board was advised that the levels of type 1 were quite low compared to the national average, however, type 2 had a higher than national incidence rate with around 13,300 individuals currently being treated. In addition, there was an estimated 10,000 residents at pre-condition stage and potentially at risk of going on to develop diabetes type 2. The Borough also had significantly higher ethnic / demographic risks than the national average. Sue explained that £4.3m is spent on diabetes medication alone, which is 15% of the total prescription medication costs for the Borough, and there are also significant and indirect costs, e.g. social care and lost work attendance. Susan also clarified that an average of 10% was used as it was not possible to attribute costs because many individuals had multiple conditions. However, what was clear was that the prevention of developing diabetes and reduction of complications, such as foot amputations, would produce significant financial savings: but more importantly the life style and of individuals would be positively enhanced.

The Board noted that 27 GP Practices had been approached but so far only two had responded to the on-line services trial. Dr Waseem Mohi, Barking and Dagenham Clinical Commissioning Group (CG) stressed that the changes undertaken in one year were considerable, and were more than had been achieved in 10 years or more in other boroughs. A cohort of some 20,000 individuals with potentially controllable and pre-diabetes were being targeted. The results of the changes would be seen in five to ten years, when amputations, blindness and hospital admissions and care costs were reduced.

In response to a question from Anne Bristow as to why we were only getting half of the eight processes and what the barriers were, Dr Mohi explained that we needed incentives to push change and that was now starting to have an impact, however, it needed to be noted that GPs in the Borough have on average 1,000 more patients than national average. There was clearly a spend to save opportunity and additional funding would enable skills enhancements in health professionals that could be used to identify and prevent early condition diabetes.

The Chair commented that the ELHCP would be strongly lobbied to ensure that it provides parity of care across its area and it was suggested that a letter should be sent on behalf of the Board.

The Chair reminded the Board that the Pharmacy consultation was in progress. Residents need to be more aware of the services that health professionals, other than GPs, can provide or that may be more appropriate for their needs. The potential to use joint events, for example healthy cooking sessions by local health champions and weight taking by health professionals was suggested. NELFT suggested that if certain ethnicities are more susceptible to diabetes the potential to use faith groups as a conduit could be a useful. The Chair advised that Cllr Bright would be able to help in that area, but it was important to decide what the priorities were before seeking their help, or they could be overloaded with requests. Healthwatch suggested that they too could assist in disseminating information and in obtaining public feedback.

The Board:

Received the current position, costs and significant health issue and risks to the health and wellbeing of residents with diabetes and pre-diabetes and the action

needed to reduce the pressures on health and social care services from the effects of diabetes and:

- (i) Diabetes prevention –  
Agreed that a diabetes prevention approach, which meets the needs of residents, is supported to enable the long-term reduction in significant health costs and for the poor health reduction targets to be realised;
- (ii) Diabetes care processes –  
Agreed that systems and structures that embed improved diabetes care in the Borough are supported, the details of which were set out in the report;
- (iii) Requested the Deputy Chief Executive and Strategic Director for Service Development and Integration to write on behalf of the Board to the ELHCP raising the Board's concern over the inequality of provision for diabetes locally, in relation to other areas of the country, and asking the ELHCP to take the necessary action for the service provision to be balanced and funding provided to enable a spend-to-save opportunity that will allow future costs reductions to be realised.
- (iv) Agreed that focus needed to continue in regard to digital solutions, consistency of messages to communities to increase health engagement, including use of Healthwatch to do this, and in educating the young and enhancing their "*pester power*" to effect healthy lifestyle change at home, ensuring a consistent approach to health checks and service delivery across GP practices, including through the use of commissioning.

### **37. Annual Report of the Director of Public Health 2016-17**

Matthew Cole, LBBD Director of Public Health introduced his 17th Annual Report and advised that the revised summary in the covering report would be provided on the web site. Matthew then advised that during the preparation of his Annual Report he had looked back to see what impact or positive change had been achieved and had noted that for all but four reports the focus had been on health care public health with a focus on variations in care and outcomes. However, in the last four years Public Health had been a function of the Council and the focus has increasingly been on what causes people to be ill in the first place. Matthew drew the Board's attention to several issues:

Chapter 1. The growing youth violence was a serious concern.

Chapter 2. This dealt with the growing concerns of mental health and the growing perception of year 10 children that their mental health is not good. This then raised the question of provision and the services by CAMHS and if we need to challenge what we do, how we do it, have we got the provision right or do we need to invest more at Tiers 1, 2 and 3.

Chapter 3. This was championing prevention, looking at social determinants, the drivers for change and the potential for Community Solutions to add value and opportunity to delivering health outcomes and ELHCP / STP and other organisations to provide seamless wrap around services. Recent innovation included the support to keep people in their tenancies and help individuals, particularly children, escape the cycle and effects of domestic violence. The use

of devolved powers was also a driver for change.

Chapter 4. Reviewed the evidence and analysed how the Grant had been used to contain or reduce the costs of health and social care, without negative effects on health outcomes and also the returns against expenditure. However, while data is often used to support insight and decision making, it should only be part of our tool kit: listening and talking to the population, not just patients, was equally important.

Chapter 5. This included the model for health town at Riverside and why this and learning from it could be expanded to all developments.

Mathew said that he hoped that he had had an impact on people's view of how we look at serious violent youth crime, what is driving that. This in turn lead on to learning about youth culture and causes of violence. Matthew stressed that this is a very real problem and arresting children who may be experiencing trauma associated with violence in their past and who may have progressed from victim to perpetrator, was not the answer

The Chair moved that the meeting be extended to 8.30 p.m. This was agreed by the Board.

The Chair thanked Matthew for his frank and thought-provoking report. The Chair and Cllr Butt, LBBD Cabinet Member for Enforcement and Community Safety, explained that they were now working with young people, which had increased their insight on how and why we need to work with young offenders, who were often victims themselves, and not just punish them. Identifying what they need and want, and not assuming we know, was very important. The Chair commented that the Youth Zone would soon be available to work with many young people, but we need to think about what we are doing for those on the edges of the cohort. How we support young people, so they move away from revenge mentality, was really innovative work. Cllr Butt stressed how difficult the year had been and the immense challenges that had occurred. The Chair suggested that the Board would benefit from a presentation from a group of young people that she had been working with recently on what they were doing to address issues 'on the road'.

Cllr Carpenter commended the report and particularly chapter one, which had provided insight into the issues of concern to young people and details of the THRIVE programme and the work at schools, which was noted.

Conor Burke, CCG, felt that the report was a compelling piece of work and that the learning and development of change needed to be captured and recorded for future learning.

The Board:

Received the report of the Director of Public Health and noted:

- (i) The questions the DPH posed in Appendix 1 of the report and the need for the Partners to investigate those issues and find solutions in improving the health and wellbeing of residents:
- (ii) The potential of the Council's newly created Community Solutions Service to add value and opportunity to delivering health outcomes;

- (iii) The DPH's focus on the issue of serious youth violence, especially in Chapter 1, which has been set out against the backdrop of a significant increase in serious youth violence involving assaults with knives and noxious substances and the need to break the effects of domestic violence and abuse;
- (iv) Chapter 2 set out the challenge to provide the support our children need to become more resilient to mental health issues and the day-to-day role that teachers, social workers and other professionals need to play in this;
- (v) Chapter 3 highlighted the use of devolved powers to deliver better health and care outcomes for our residents and the challenges in establishing an accountable care system based on 'place based care' that evolves our thinking beyond care to one that has concern for the causes of poor health rather than the effects;
- (vi) Chapter 4 reminded the Board that it is now the fourth year for the Public Health Grant and reviewed the evidence and analysed how the Grant has been used to contain or reducing the costs of health and social care without negative effects on health outcomes and the returns against expenditure;
- (vii) The challenges that 10,800 extra homes at Barking Riverside will provide in future health care provision and the progress made in regard to the Barking Riverside NHS Healthy New Town initiative to help "design in" health and modern care from the outset and a how the learning from many initiatives could be rolled-out to other areas of the Borough to shape places to radically improve population health, integrate health and care services, and offer new digital and virtual care fit for the future;
- (viii) Agreed that Chair would invite a group of young people that she has been working with to address a future meeting of the Board.

### **38. Health and Wellbeing Outcomes Framework Performance Report - Quarter 1 & 2 (2017/18)**

Mathew Cole, LBB, Director of Public Health, presented the report, and advised that the Board had previously agreed an outcomes framework which prioritised key issues for the improvement of the public's health and their health and social care services. The Board also monitored this high-level dashboard on a quarterly basis. The report set out the performance for Quarter 2, which ended September 2017, or the latest data available. The report also highlighted the changes that had been made to the indicators that are included in the dashboard. Having received the overarching view of performance, including areas of concern and improvement, the Board:

- (i) Noted the performance and the areas where there were still challenges and the inclusion of two new indicators for:
  - The number of children who turn 15 months old in the reporting quarter who received a 12-month check.
  - Bowel screening – coverage of people aged 60–74 years;

- (ii) Noted the achievement of the Health Visitor Service in achieving green level indicators for all their services for two months running and commended the significant effort of the staff in achieving this; and
- (iii) Noted that the challenges of winter pressures would soon start to impact on services.

### **39. Better Care Fund (BCF) - Update**

By Minute 23, 6 September 2017, the Board had supported the case for a target for social care related discharge delays in the order of 44 to 45 days total per month. Mark Tyson, LBB, Commissioning Director, Adults' Care and Support, reminded the Board that this was not in line with NHS England's expectations at that time of 'maintenance' from the previous year, because of their selection of a restricted three-month baseline window. NHS England's had threatened to rate the Plan as non-compliant, which would potentially have impacted on the funding available to social care through the Improved Better Care Fund. This was despite the case that had been made that a more stringent target risked unsafe discharges. In response to the NHS England view point the Council and CCG had proposed a compromise in which the difference between the current social care performance and the NHS England target would be shared between the two organisations, the details of which were set out in the report. The Plan had subsequently been accepted by NHS England.

The Board:

- (i) Noted that submission of the Better Car Fund (BCF) Plan and that the approval from NHS England had now been received;
- (ii) Noted the steps taken to ensure the Plan's compliance with NHS England requirements, particularly the redistribution of the delayed transfers of care days target between social care and health. However, the Board still had concerns about the focus on hospital discharge targets and noted that lobbying of the government would continue; and
- (iii) Noted the data on performance was expected to be published by the government on 9 November and the continuing uncertainty in the scope and criteria of the November 'review' by NHS England, the need for a sustained focus on performance, and the potential for inclusion in the national review programme should performance drop.

### **40. Sustainability and Transformation Plan Update and Partnership Agreement**

Ian Tompkins, Director of Communications and Engagement, East London Health and Care Partnership (ELHCP), presented the report which provided an update on the development of the ELHCP and the Sustainability and Transformation Plan (STP).

Ian advised that as a Partnership, the ELHCP would be responding to the Mayor of London's Health Inequalities Strategy and he would take some of the comments made at the Board tonight back for consideration and inclusion in their response to the Mayor of London.



The Board's attention was drawn to page 55 of the agenda and the implications and current position for local devolution, transformation and integration and how the 2017-19 Integration and Better Care Fund would have a staged approach over the next two years to ensure that strong and established governance arrangements support meaningful integration and innovation. A Partnership Agreement had now been developed for the ELHCP, which it was intended would develop and implement the NEL STP. It was hoped that this Agreement will provided common understanding and commitment between the partner organisations on the range, principles and processes and objectives of the governance arrangements, which will support the development and implementation of the STP.

Ian drew the Board's attention to page 79 of the support papers pack and advised that meetings had now been set up with Healthwatch. Workshops would also be held with the voluntary and charity section to see how that important network can be strengthened and feedback from this and the housing conference in Dagenham, would be shared with the Board in due course. Other concerns such as maternity provision, emergency care and attracting and training of the workforce, and the sharing of ideas were noted.

In response to a question from Cllr Carpenter about the role of the Health and Wellbeing Boards in the structure, the Chair advised that the boards are a statutory requirement and the ELHCP has to work with the seven separate Boards. The Chair reminded the Board that the wish to have elected representative(s) involved in the ELHCP structure had already been raised on numerous occasions. Ian explained that Appendix 3, in the support papers pack, showed the current structure and gave an assurance that the Health and Wellbeing Boards will be part of the new structure as they have both a statutory role and important local knowledge.

The Board noted the update and that a further report would be provided in due course.

#### **41. Integrated Care Partnership Board - Update**

The Board noted the work of the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership Board (ICPB) as set out in Appendix A, in the support papers pack. The Board also noted that joint commissioning and working that was now being undertaken.

#### **42. Development of the Health and Wellbeing Board Sub-Structure, including the new Children's Partnership.**

Mark Tyson, Commissioning Director Adults' Care and Support, presented the report on the developments of the Board's Sub-Group structure, the details of which were set out in the report and its appendices.

The Board:

##### **(i) Children's Partnership**

Agreed to the Children's Partnership being a Sub-Group of the Health and Wellbeing Board, and to the Vision and Terms of Reference for the

Children's Partnership;

- (ii) **Mental Health Sub-Group**  
Noted the revised membership;
- (iii) **Integrated Care Steering Group**  
Noted the review of this Group; and,
- (iv) **Health and Wellbeing Board (H&WB) Substructure**  
Noted that the substructure of the H&WB will be addressed in line with the new Health and Wellbeing Strategy 2018.

#### **43. Sub-Group Reports**

The Board noted the reports / notes of meetings of the:

- Mental Health Sub-Group, 16 October 2017.
- Learning Disability Partnership Board, 4 October 2017.
- Children's Partnership Board, 20 September 2017.

#### **44. Chair's Report**

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

- Older People's Week, 1 to 7 October 2017.
- End of Life Conference, September 2017.
- Community Solutions  
A new key service within the Council, which had commenced full operations on 2 October 2017, which will include the following services:
  - Housing
  - Housing advice
  - Information and advice on adult social care
  - Integrated youth services
  - Children's early intervention
  - Employment and skills
  - Financial support
  - Parts of community safety dealing with anti-social behaviour
  - Libraries
- Flu Vaccination Programme.

#### **45. Forward Plan**

The Board noted the draft January 2017 edition of the Forward Plan and the 13 December deadline for changes.