

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 11 June 2019
(6:00 - 8:05 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Cllr Lynda Rice and Nathan Singleton

Also Present:

Apologies: Cllr Saima Ashraf, Bob Champion and Kimberly Cope,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes - To confirm as correct the minutes of the meeting on 15 January 2019

The minutes of the meeting held on 15 January 2019 were confirmed as correct.

3. Annual Report of the Director of Public Health 2018/19

The Director of Public Health presented his Annual Report for 2018/19, which provided an opportunity for an independent assessment of the health of the population and to focus on some priority areas the Council and its partners needed to think through in order to improve health outcomes. He referred to the transformation taking place in integrated care across Barking and Dagenham, Havering and Redbridge (BHR) and stated that it was an opportunity for Public Health to give direction to health system leaders. His key message was that applying the same strategy would lead to the same outcomes and it was necessary to take a fundamentally different approach to health and care and shape the system's accountability and governance arrangements to ensure they served desired outcomes. He strongly believed that gaining consensus on what local services should look like and building relationships in the community would lead to improvements in performance and outcomes.

The Chair praised the report for its quality and felt that it demonstrated that the Council knew its community well. She asked that the Barking and Dagenham Clinical Commissioning Group (CCG) place the report on the agenda for their governing body meeting so that it could be discussed in more detail in their role as commissioners.

The Board discussed the meaning and importance of co-design and co-production of services and documents, particularly with residents. To achieve this, Board members felt that when reviewing governance arrangements, system leaders would need to go beyond the 'usual suspects' and find people who had a strong stake and passion in the community. They emphasised the importance of this Board challenging other local boards on these ambitions and whether they are looking at ways to join-up their work.

The Chair stated that there seemed to be a perception that various local boards had fallen into 'silo' working again and that the Away Day in July this year, which would be a joint meeting of health and well-being boards across BHR, was an excellent opportunity to review and address this.

The Director of People and Resilience stated that she was confident that the new Multi-Agency Safeguarding Board arrangements would give a stronger voice to children and their families and facilitate the Council to self-assess, which would drive continual improvement. She added that officers in adult social care would be undertaking a 'story-telling' exercise in July whereby residents would lead their own assessments for eligibility for social care to ensure social workers understood their circumstances fully. These types of initiatives gave her confidence that the Council would be able to respond to the challenge of resident involvement in how services are shaped and delivered.

The BHRCCG's Director for Transformation and Delivery stated that she welcomed the report and felt that it was in line with the direction the BHRCCGs were taking regarding system working. She felt also that there had been some loss of direction in the CCGs reporting back to this Board and other local boards; although she felt it important to highlight the good collaborative work that had taken place in primary care and older people's care transformation.

Dr Jagan echoed the above comments. He believed the recent lapse in communications between different boards could be easily resolved. Whilst reports like this helped understand the extent of ill health in local communities better, it was imperative for local systems to think carefully about how services could be designed to enable earlier interventions to stop progression of ill health and disease.

The Board was informed of a recent event held by the Early Intervention Foundation which involved professionals such as mid-wives and health visitors. There had been an excellent turnout with many discussions around the importance of early years intervention, which supported the Board's discussions today.

4. Children and Young People Evidence Review

Public Health Officers delivered a presentation based on the Best Practice Evidence Review Report written for the BHR Children and Young People's Transformation Board. The Joint Commissioning Board had asked the Transformation Board to prioritise the three areas of 'Best Start in Life', 'Adverse Childhood Experiences' (ACEs) and 'Special Educational Needs and/or Disabilities' (SEND) due to their potential to significantly improve health outcomes for children and young people living in BHR.

Officers asked the Board, having considered the report, to discuss the following questions:

- The next steps and quick wins across the three priorities of Best Start in Life, ACEs and SEND; and
- The opportunities for joint commissioning and the role the Health and Wellbeing Board would play.

The Board agreed that one of the next steps would be to get different parts of the system to agree to invest in one pot in order for joint commissioning to work, as this seemed to be a key barrier. The Board's role was to challenge partners to go back to their governing bodies to get permission to go outside of normal spending restrictions and obtain the commitment for joint commissioning. Board members stated that it was important to identify clear shared benefits of joint commissioning, present evidence for return on investment and create a good understanding of what each element of the system was responsible for commissioning. A potential 'quick win' was to build on the 'early years intervention' initiative. Finally, rather than trying to deliver all three priorities at once, the Board felt that officers should consider initially prioritising one area, namely 'Best Start in Life', and delivering it well.

5. Older People Evidence Review

Public Health Officers delivered a presentation on BHR Older People and Frailty, based on the Best Practice Evidence Review Report written for the BHR Older People and Frailty Transformation Board. The report was structured around the four priority areas of 'healthy well' (aging well), integrated models of care, high intensity interventions and end of life.

Officers asked the Board, having considered the report, to discuss the following:

- The main opportunities and threats to successfully moving away from a hospital-centric system to one that's more outward focused; and
- How the Health and Wellbeing Board could support the integration of care for older adults within Barking and Dagenham.

The Board commented that community support was essential to moving away from a hospital-centric system. In order to do this, commissioners must understand the assets of the community, and have good governance arrangements in place to ensure the best outcomes. Board members also discussed the social prescription model and the contribution of peer support networks.

The Board noted previous pieces of work which could provide frameworks for building on to create a culture and community where everyone looked out for one another, such as the 'I Care' initiative and the 'Good Neighbour Guide'. The Board also noted that the upcoming joint meeting of the BHR health and wellbeing boards involving various local partners, would provide opportunities to take forward this agenda. Board members discussed the ongoing system transformation, the development of integrated care pathways and the building of partnerships to enable this vision. The Board acknowledged that the Borough had a good history of integrated working which provided a foundation to build upon and that its role was to ensure different parts of the health system get on board to take this agenda forward.

6. Global Burden of Disease Study Data 2017

The Senior Intelligence and Analysis Officer delivered a presentation based on the Report on the Global Burden of Disease Study Data which was produced to support the BHR Transformation Boards in their commissioning decisions.

The Board noted that the conditions with the highest rates of years lived with

disability were lower back pain, headache disorders and depressive disorders, all conditions which could be prevented or managed well through early intervention. Members discussed the role employers should play in caring for their employees by giving them advice and training on preventative measures they could take in the work place to avoid injury or harm to their health. Many causes of back-pain related disability, for example, concerned people who had manual labour jobs and were not advised of the correct way to carryout tasks. Employers should also have a wider role in supporting their employees to lead healthier lifestyles by providing advice around healthy eating and stopping smoking. The Chair stated that the Cabinet Member for Employment, Skills and Aspiration had been working on setting up a new forum for businesses which could make important contributions in that regard. The Chair would feed this back to the Cabinet Member.

Members discussed the low levels of fruit and vegetable consumption in the borough and the role this played in ill health, for example, obesity related illnesses. The Board agreed that ongoing transformation work should factor this into commissioning future services.

7. LGBT+ Policy Statement and Action Plan

The Council's Commissioning Director for Adults' Care and Support presented a report on behalf of the Director for Policy and Participation on the LGTB+ Policy Statement and Action Plan. The Policy Statement was based on a needs assessment, which involved interviews, surveys, and input from community organisations in the Borough. Whilst this provided a good basis for a starting point, the aim was to deepen community engagement so future iterations of the Policy Statement and Action Plan could be more detailed and reflective.

The Cabinet Member for Equalities and Diversity welcomed the Policy Statement and Action Plan and encouraged partners to work together to deliver it. She stated that many members of the LGBT+ community still experienced discrimination, their health and well-being was worse than their fellow citizens, and services were not always suitable for their needs, which was not acceptable.

The Chair emphasised the importance of equality for the LGTB+ community, particularly in light of the murders of young gay men committed in the Borough by Stephan Port and the questions surrounding the handling of the investigation. She hoped that the local Metropolitan Police fully endorsed the Policy Statement and Action Plan. Board members expressed shock at a recent incident, which had been covered in the news, involving two women who were subject to a homophobic attack on a bus in London and stated that this behaviour should not be tolerated.

Members were asked to note that Barking and Dagenham would have a float at Pride London on 6 July 2019 and that partners were encouraged to get involved in the parade.

The Health and Well-being Board **agreed** to endorse the LGBT+ Policy Statement and Action Plan and associated recommendations and approved the Partnership Equalities Group having oversight of delivery of the recommendations within it.

8. Health and Wellbeing Outcomes Framework Performance Report - Q3 and Q4 2018/19

The Director for Public Health presented a report on the Outcomes Framework Performance for Quarter 3 and 4 2018/19.

The Board noted that there had not been improvement across many of the performance indicators and emphasised the importance of accountability of new initiatives in place to address this. Members also questioned why immunisation rates for children aged one were good but rates for children aged five were significantly behind target and asked whether this was a challenge that should be met more thoroughly by the local primary care networks. However, it was noted that some of the indicators were influenced by factors that were not within local control such as the myth that MMR injections could cause autism. Furthermore, immunisations for one-year olds were carried out at an appointment where other checks were carried out on the child, whereas the appointments for the five-year olds were just for vaccinations. The Chair suggested that technology might be the answer, such as a text message to parents of Year 5 children to inform them that their child was due a vaccination. She also questioned whether nurseries could state to parents wishing to register their child, that they had an expectation that the child had had all the relevant vaccinations before they started, as a measure to protect all children.

The Board noted that programmes that involved health visitors and specialist nurses undertaking home visits have had successful outcomes, including improvements in prenatal health, fewer childhood injuries, fewer subsequent unplanned pregnancies and increases in maternal employment and children's school readiness.

9. Childhood Obesity Scrutiny Review

This item was deferred to the next meeting.

10. Cancer Scrutiny Review - Update on progress of Action Plan

This item was deferred to the next meeting.

11. Oral Health in Early Years Scrutiny Review - Update on progress of Action Plan

This item was deferred to the next meeting.

12. Chair's Report

The Board noted the Chair's report and the Chair placed on record her thanks to all services involved in dealing with the fire that occurred in Barking Riverside on Sunday, 9 June 2019.

13. Forward Plan

The Forward Plan was noted.