

HEALTH AND WELLBEING BOARD

Tuesday, 23 April 2013
(6:00 - 7:45 pm)

Present: Councillor M M Worby (Chair), Councillor L A Reason, Councillor J L Alexander, Councillor J R White, Anne Bristow, Helen Jenner, Matthew Cole, Marie Kearns (until Chair of Healthwatch is appointed), Conor Burke, Dr Waseem Mohi (Vice-Chair), Martin Munro, Dr Mike Gill and Chief Superintendent Andy Ewing

Also present: John Atherton (non-voting member, NHS England)

Apologies: None

1. Declaration of Interests

There were no declarations of interest.

2. Appointment of Deputy Chair

Dr Mohi (Chair of Barking and Dagenham Clinical Commissioning Group) was appointed as Deputy Chair of the Board.

3. The Health and Wellbeing Board as a Committee of the Council

The Board noted a presentation from John Dawe (Group Manager, Democratic Services). The presentation outlined:

- The legal status of the Board as a Committee established under the 1972 Act.
- How access to information rules and the Council's statutory Forward Plan apply to the Board
- How Board Members are bound by the Council's Code of Conduct and therefore must complete a Register of Interests
- Definitions of types of personal interest and when Board Members should disclose an interest
- The role of the Council's Monitoring Officer in relation to the Board.

4. Introducing Healthwatch Barking and Dagenham

Marie Kearns presented the report to the Board describing the role of Healthwatch and its relationship with Healthwatch England, the local health scrutiny committee, and the Health & Wellbeing Board. The Board noted the following:

- Staff from the Local Involvement Network have migrated to Healthwatch under TUPE arrangements.
- Healthwatch's Board, including the Chair, has been appointed. The Board comprises of four directors and two associate directors. The structure of the Board ensures good representation and balance as each Director will have

a distinct remit covering all aspects of health and social care.

- Healthwatch has already made links with the Council's Health and Adult Services Select Committee. There has been discussion about avoiding duplication and, where appropriate, working collaboratively for maximum impact.

Cllr Alexander asked how Healthwatch will be able to effectively map the community infrastructure and engage with hard to reach sections of the community. Marie Kearns advised the Board that Healthwatch will be pro-active and go to where service users of all kinds are to collect their views. The hub and spoke model will facilitate this as Healthwatch will be able to draw on existing networks from across the borough.

Cllr White asked how the views of children, particularly those who are in care, will be heard. Marie Kearnrs explained that the structure of Healthwatch is designed so that one of the Board Director's remits is exclusively related to Children. Furthermore, through the hub and spoke model, Healthwatch will be able to use its associates to collect and give profile to the views of young people. For example, where appropriate, Healthwatch intends to work with the BAD Youth Forum.

Helen Jenner stated that 31.5% of the borough's population are children and young people. Helen urged Healthwatch to be mindful of this and hoped the work programme of Healthwatch is balanced between children and adult related issues.

Dr Mohi stated that he saw the emergence of Healthwatch as an opportunity for the NHS to engage and communicate with local people. Dr Mohi thought that Healthwatch can play an important role in delivering positive health messages to the community and changing peoples' perceptions of health services. The Board agreed that Healthwatch will be an important channel of communication but felt the potential role Dr Mohi described was outside the remit of Healthwatch.

Helen Jenner advised Marie Kearns to check that all Healthwatch Board Members and staff who will be working with Children have up-to-date Disclosure and Barring Checks (formerly known as CRB checks).

Matthew Cole expressed the need for Healthwatch and Public Health to work together to ensure that the JSNA is reflective of local peoples' needs.

The Chair requested that LBBD's website is used to signpost residents to Healthwatch. The Chair encouraged Healthwatch to closely follow the Board's Forward Plan so that Healthwatch can plan its activities and share views in a timely fashion.

5. Winterbourne View Concordat

Anne Bristow presented the report to the Board. The Board noted there is national funding (roughly £2 million for each of the next two years) which will hopefully flow down to local level. The Board needs to be in a position to bid for funding once more detail is known.

The Learning Disability Partnership Board is in transition so the Board felt it appropriate for Sharon Morrow and Bruce Morris to lead on the initial action with the winterbourne concordat to be taken forward by the Health & Wellbeing Board's Leading Disability sub-group thereafter.

In response to criticism aimed at the Hospital Trust's ability to recognise patients with learning difficulties the Board noted that the CLDT has put in place arrangements whereby each person known to them has a 'health passport' which people with a learning disability carry around information about how they should be treated or cared for. The use of these passports helps identify vulnerable people early and safeguard their wellbeing.

The Board asked how the Police was ensuring safeguarding is high priority. The Board noted that the Borough Commander has re-arranged the roles of his special CID officers so that safeguarding (including compliance and monitoring) is given due attention by a designated officer.

The Board identified communication and awareness between key front line professionals as critical to safeguarding. Where emergency workers such as the Police and nurses are busy and under pressure they might not spot signs of abuse or be alert to the behaviour of colleagues and other professionals.

Cllr Worby asked all agencies to co-operate fully with work relating to Winterbourne View and wanted the Learning Disability sub-group to report back on areas where the concordat is not being delivered.

Anne Bristow suggested that a task for the Learning Disability Sub-Group would be to pull together the various threads from safeguarding initiatives to understand the sum of all parts and address any gaps or weaknesses.

Following discussion of the item, the Health & Wellbeing Board **agreed** to:

- undertake the programme of action identified in response to the Winterbourne View Concordat, requesting that all responsible parties note and commit to their actions within the timescales identified;
- identify any further issues, based on the report and subsequent work, that need to be added to the list of commitments;
- delegate the initial action to meet the June 2013 milestone to Sharon Morrow, Chief Operating Officer (CCG) and Bruce Morris, Divisional Director Adult Social Care;
- delegate to the Learning Disability Group to ensure that robust monitoring is in place for the actions identified in the Concordat, and that routine reporting as well as critical exception reporting, is established to ensure that the Health & Wellbeing Board is kept abreast of progress.

6. Social Care NHS Transfer Proposals

The Board was supportive of the package outlined in paragraph 3.1 of the report as presented by Anne Bristow. A bid will now be submitted to NHS England. Board Members agreed to assist in the drafting of the bid submission.

The Board noted that where the funding has been bundled up differently it is likely that the overall pot is smaller where there has been consolidation of several smaller funding streams.

Further detail about the proposals can be sent to Board Members on request.

Conor Burke was keen to see that the impact was clearly measured to show good value for money. The Board will receive an update later in year on the impact the funding has made, this update will link to the Outcomes Framework reporting.

Following discussion of the item, the Health & Wellbeing Board **agreed** that:

- the Corporate Director of Adult & Community Services takes forward the proposals to NHS England to reach an agreement for the spend of the allocation
- there will be a report back to the Board on the final agreement and how funding has benefitted the local health and social care economy.

7. Proposed Review of Domestic Violence Services

Anne Bristow presented the report to the Board. It was noted that it is necessary to review contracts as they expire to ensure that the funding for domestic violence is allocated in a way that achieves maximum impact and results in services that meet the specific needs of residents.

Cllr White requested that the review of domestic violence services is scoped so that it has regard to the impact of domestic violence on children, whose allegations are sometimes not taken seriously.

The Board **agreed** to support the proposal that a review of Domestic Violence services should be undertaken in light of new emerging responsibilities and structures.

The Board **agreed** to commission the Public Health Programme Sub-Group to review the provision of services in the Borough and make recommendations to the Board's July meeting as to which services should be commissioned and how these should be funded.

8. Hate Crime Strategy: Consultation Draft

Cllr Alexander presented the Strategy to the Board and invited comments from Board Members.

The Borough Commander raised concern that homophobic hate crimes are under-reported. He went onto assure the Board that police officers take hate crimes very seriously and that by assigning officers to localities it is hoped the police can build trust among the community to come forward and gather intelligence about hate crimes.

The Borough Commander was supportive of Greater Manchester Police's approach to hate crime which includes cultural differences. Locally the Police have 100 cadets; these young people set a positive example and have a zero tolerance approach to hate crime and bullying.

Cllr White called for age discrimination and victimisation to be included in under the umbrella of hate crimes.

Cllr Worby remarked that hate crime is treated with a degree of reticence and not

considered as criminal by many people. Also witnesses of hate crime rarely challenge or report incidents. Further to this point, Marie Kearns commented that victims of hate crimes are reluctant to go the Police. It was suggested that there is more outreach work to encourage victims to report incidents of hate crime.

The Board questioned whether the term 'hate crime' was powerful or accurate enough to make young people and others come forward and report hate crimes as serious offences. The Board suggested that work is done with the Youth Forum to find a language or terminology that connects with how young people perceive hate crime.

The Board noted the Strategy and the consultation deadline of 16th May 2013 for further comments.

9. Chair's Report

Matthew Cole updated the Board on the measles situation following the outbreak in South Wales. Whilst Barking and Dagenham has had no cases of measles there have been small clusters of cases elsewhere across London. In light of this, a London-wide catch up campaign is being launched to target those who have not been immunised.

Helen Jenner asked Matthew Cole to report back to the London-wide teleconference that attempting to ask schools to be involved in the immunisation of the 10-16 year old cohort during May will be problematic with GCSE and other exams scheduled for that time. Any catch-up campaign will therefore need to be managed carefully as not to disrupt young peoples' education the need to liaise with schools before implementing an immunisation programme is a necessity. Matthew Cole explained that once a plan of action is agreed partner organisations will need to be helpful and co-operative, perhaps at short notice.

The Board noted the Chair's Report.

10. Forward Plan (2013/14)

The Board noted the Forward Plan. Board Members were invited to make suggestions. It was noted that where the Board is new, the Forward Plan is dominated by Council-led business. As the Board develops, and once the Executive Planning Group has met, the Forward Plan will be more inclusive with broader ownership of business and input from Board Members. Connor Burke stressed the importance of assigning reports and items to the appropriate individual/organisation.

The Forward Plan was amended making Matthew Cole the lead report author for the Domestic Violence Review (16 July meeting).

11. Proposed Chairs and Nominations to the Sub-structure

Further to the memberships of sub-groups set out in the report Board Members made additional nominations to fill vacancies within the sub-structure. The following was confirmed:

Executive Planning Group

- Helen Jenner (LBBD) **and/or** Meena Kishinani (LBBD)

Children and Maternity Group

- Jane Hargreaves to be replaced with Jason Hatherill (LBBD)
- Chris Martin to be replaced with Joanne Tarbuck (LBBD)
- Gill Mills (NELFT)

Public Health Programmes Board

- Dr Kalkat (CCG)
- Leilla Horsnell (CCG)

Integrated Care Group

- Dr John (CCG) to co-chair Chair with Jane Gateley (CCG)
- Christine Pryor (LBBD)
- Baljeet Nagra (LBBD)

Mental Health Group

- Chris Martin (LBBD)
- Ken Baker (Met Police)
- Sarah D'Souza or Gemma Hughes (CCG)
- Esther Omigie (LBBD)

Board Members were asked to fill outstanding vacancies as soon as possible so that the sub-groups can begin their work in earnest. Board Members were asked to send nominations to the Chair of the sub-group copying in the Clerk of the Board.