

HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	Chair's Report
Report of the Chair of the Health and Wellbeing Board	
Open	For Information
Wards Affected: NONE	Key Decision: NO
Report Author: Mark Tyson, Group Manager Service Support & Improvement	Contact Details: Tel: 020 8227 2875 Email: Mark.Tyson@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: This report provides information on the mental health scrutiny review of the Health and Adult Services Select Committee. There are also updates on the Urgent Care Board, the Integrated Care Coalition, and the Fulfilling Lives programme for people with learning disabilities. A brief overview is given of the new GP profiles which are now publicly available, and finally there is an update on items from the last Chair's Report.	
Recommendation(s) The Health and Wellbeing Board is recommended to agree: <ul style="list-style-type: none">(i) To note the contents of the Chair's Report and comment on any item covered should they wish to do so	

1 Scrutiny Review on the Impact of the Recession and Welfare Reforms on Mental Health

- 1.1 At their April meeting the Health and Adult Services Select Committee (HASSC) agreed to focus their scrutiny review for 2013/14 on the impact that the recession and welfare reforms are having on mental health in Barking and Dagenham and what the Council and other agencies can do locally to mitigate the impact.
- 1.2 There is a large amount of evidence that economic recession causes increases in mental health problems. The review will combine academic research, local and national data and information from service users. This review will help all organisations with an interest in the health and wellbeing of residents in Barking and Dagenham to respond more effectively to the mental health problems caused by recent and ongoing economic problems. As the topic is so broad the review will be focussed on the mental health of working age residents as they are likely to be most directly affected by the recession and welfare reforms.
- 1.3 The first draft of the report is due to be completed by November, with a final sign off and an action plan for the Health and Wellbeing Board to take forward ready by January 2014.

2 Update on the Urgent Care Board

- 2.1 The Integrated Care Coalition recommended the establishment of an Urgent Care Board following the workshop discussion on 24 May 2013, it takes the place of the Integrated Care Coalition which has been meeting since May 2012. The first formal meeting of the Board took place on 19 June 2013. The Board has been established as an advisory board to drive improvement in urgent care at a pace across the BHR system. It brings together senior leaders across health and social care and is accountable to the Integrated Care Coalition.
- 2.2 At its first meeting the Urgent Care Board agreed Terms of Reference, to which they added representatives from NHS England and from Healthwatch Havering to represent the overall patient voice. Current performance of Urgent Care was reviewed, and an above London average increase in ambulance use and waiting times for minors were raised as particular concerns.
- 2.3 The Urgent Care Board is also involved in some forward planning, and agreed that a £1.8m pot of uncommitted money from A&E should be used to target out of hospital initiatives in line with the Integrated Care Strategy. A framework will be developed to evaluate bids for this money which will assess whether the bid will have a measurable impact on urgent care demand and a clear methodology for evaluating performance. If initiatives fail to deliver funding will be stopped. Early discussions were also held over winter planning for 2013/14 and approval given to changes which should help NELFT to meet its bed productivity targets.
- 2.4 The next meeting of the Board will take place in Havering at the end of July, and it will continue to meet on a monthly basis.

3 London-wide event on Urgent Care

- 3.1 Chief Executives, Clinical Leaders and Directors of Social Services have been invited to join a one day regional event on 18 July 2013 to discuss emergency services across London. An update on Urgent Care will be given at the September meeting of the Health and Wellbeing Board by Sharon Morrow. If you have any questions in the meantime please contact Sharon at Sharon.Morrow@barkingdagenhamccg.nhs.uk

4 Update on Fulfilling Lives

- 4.1 The Council's vision for learning disability services, known as 'Fulfilling Lives' has been updated and presented to Council Members. The Fulfilling Lives vision responds to changes in social care legislation such as personalised budgets, and to consultation feedback which asked for greater flexibility and opportunity.
- 4.2 The key points of the Fulfilling Lives vision are that service users should be able to:
- live independently in the community, in their own home where this is possible;
 - be able to live in safety without fear of crime and discrimination;
 - be able to travel independently and enjoy the facilities the borough has to offer;
 - be supported to access a wide range of mainstream activities, including leisure opportunities;
 - have access to appropriate training and support which will lead to employment and volunteering opportunities, including micro-enterprise;
 - to take advantage of the option of a Direct Payment because there will be a choice of services and activities available to meet their needs;
 - access good quality and appropriate health care at all stages of their life course;
 - receive care as close to home as possible.
- 4.3 To deliver this vision we will: continue to provide a high quality service, ensure clearer transition pathways for those leaving Trinity School, provide support for people to access mainstream services and normal daily activities, provide a safe supportive base where people with learning disabilities can meet which will be open in the evening and at weekends. We will also provide a programme of accredited training to help people with learning disabilities into work, and provide opportunities to try these skills in a supported environment as well as apprenticeship opportunities and some real jobs. To increase independence we will support the development of employment opportunities through user-led micro-enterprises and expect people to travel independently on public transport where possible.

- 4.4 The way that our specialist centres operate will see some changes to meet this vision. A Resource Centre model will be developed at the Maples with an accredited training programme leading to work opportunities, a community based programme which supports people in engaging in mainstream activities, and provision of services in the evenings and at weekends. The possibility of remodelling Healthlands' schedules and transport arrangements to increase capacity and flexibility is also being explored as we continue to explore ways of helping people with learning disabilities to lead 'ordinary lives on ordinary streets'.

5 GP Profiles

- 5.1 The GP profiles provide detailed information and analysis at practice level, for all practices in Barking and Dagenham, on their achievement and patient outcomes. They can be used as a starting point for identifying areas of primary care activity that have the most influence on health outcomes. They show that there is much variation between practices and, in some cases, a gap between local performance and London averages. Information in the profiles includes key socio-demographic characteristics of the practice registered population, health protection, health improvement, primary care outcomes, secondary care activity, and mortality. More information on GP Profiles will be given in a report which will be presented to the Health and Wellbeing Board in September 2013. The GP profiles are searchable by postcode at <https://www.myhealth.london.nhs.uk/find-and-compare>, and a link to the My Health London homepage is available on the Barking and Dagenham CCG website.

6 Update following June Chair's Report

- 6.1 There have been no changes to the status of measles in Barking and Dagenham since the last Chair's Report other than that the GP led MMR Temporary Catch-Up Programme was started in June. It is still too early to accurately gauge the Programme's uptake.