

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 5 November 2013
(4:05 - 6:15 pm)

Present: Councillor M M Worby (Chair), Councillor J L Alexander, Councillor L A Reason, Anne Bristow, Helen Jenner, Frances Carroll, Martin Munro, Conor Burke and Chief Superintendent Andy Ewing, and John Atherton

Also Present: Cllr C Geddes

Apologies: Councillor J R White, Dr Waseem Mohi, Dr John and Dr Mike Gill

56. Declaration of Interests

There were no declarations of interest.

57. Minutes - 17 September 2013

The minutes of the meeting held on 17 September 2013 were confirmed as correct.

58. Commissioning GP Premises

Neil Roberts (Head of Primary Care, NHS England) introduced the report to the Board. Neil Roberts explained the process by which requests for GP premises are dealt with. It was noted that the Primary Care Commissioning Team receives GP premises requests, once initial research has been undertaken the request is tested against NHS England's criteria and a Project Initiation Document (PID) is drafted. The PID is assessed by an internal screening group and if the request is endorsed the PID is passed to the Finance Investment Procurement and Audit Committee for approval, upon which a full business is developed.

The Board noted that NHS England is in the process of developing a national operating model similar to the framework described in the report which is being used by the London region in the interim.

The Board asked if NHS England took account of the need to prioritise access to GP services as in Barking and Dagenham there is a high number of single-handed practice or some premises that are in poor physical condition. The Board was advised that accessibility is part of the fuller list of criteria that will be used once the national operating model is in place. Furthermore, NHS England will try to deliver the strategic aims for a local area and take account of CQC ratings of practices, therefore issues around access to GPs would be taken into consideration.

The Board asked what role the Primary Care Commissioning Team plays when leases for GP premises are coming to an end. Although responsibility for re-procuring premises rests with the contractor NHS England is able to influence the process and make suggestions.

The Board asked whether local regeneration plans are used as an evidence base from which to make decisions or ensure provision of services in a community. Neil Roberts advised the Board that when NHS England took over responsibility for commissioning GP services local regeneration plans were not handed over. The Board was very disappointed that NHS England was not briefed on local regeneration plans and that there is little clarity as to how NHS England engages with stakeholders in its current procedures. Neil Roberts encouraged local authorities to approach NHS England to make them aware of key regeneration plans in their area. Again the Board was disappointed as they would have expected NHS England to be more pro-active in their approach and to make use of information that was already in the NHS' possession.

Conor Burke (Accountable Officer, B&D CCG) commented that the development of the CCG's five year commissioning strategy is a good opportunity to join up the borough's regeneration plans with the planning of local health services so that in future the commissioning of GP services, and their premises, is dovetailed with local plans and strategies.

The H&WBB agreed to:

- Note the current approach to premises investments and consider how this approach applies locally.
- Note the position of NHS England in developing an overarching Premises Policy.

59. The 0-5 year Healthy Child Programme (Health Visiting) Service

Nicky Brown (Commissioning Manager, NHS England) introduced the report to the Board.

The Board asked if funding for the Health Visitor (HV) posts was guaranteed. It was explained that the cost pressure of recruiting additional Health Visitors is guaranteed. However, if HV posts are unfilled after the transition process finishes in April 2015 then funding for those posts will be lost. The Board sought clarity on this issue as it would be problematic for local authorities to assume responsibility for commissioning HVs without the necessary funding to recruit the workforce needed to deliver the service.

It was noted that NHS England is trying to reduce provider's dependency on agency HVs as these are more expensive than permanent staff. The commissioning arrangements encourage providers to reduce their vacancy rates by releasing funding once its use of agency staff is below a target percentage.

The Board raised concerns with regard to safeguarding as a minority of children do not receive a health visit within the first 2 years of life. It was confirmed that 6% (roughly 3,000) of children in Barking and Dagenham were not in receipt of a health visit within the 14 day target. The Board stressed the importance of reaching families early to give support and to ensure that children get the best start in life. Safeguarding and performance issues related to the HV programme will be discussed at the Children and Maternity Group.

The Board noted that the MESCH programme (described in Appendix 2) will be

taken forward by a dedicated officer within the CCG. Nicky Brown confirmed that funding is in place to give to the CCG to make the appointment.

The H&WBB agreed to:

- Note the progress against the Health Visitor Implementation Plan is on track to deliver the required outcomes and outputs and that in order to do so the service is undergoing significant service redesign.
- Note the progress being made to deliver the national programme, which will considerably increase Barking and Dagenham's health visiting workforce by 2015, enabling NELFT to develop the capacity to deliver the Healthy Child Programme within the context of an integrated model with a view to improving children's health outcomes and reducing demand for targeted services.

Further to the recommendations in the report, the Board agreed to:

- Receive a report at its meeting of 25 March 2014 to explore the transition arrangements for the handover of commissioning from NHS England to the Council.

60. Public Health Commissioning Priorities 2014/15

John Currie (Commissioning Manager) presented the report to the Board. It was noted that a final commissioning plan will be submitted to the Board in February for approval.

Anne Bristow (Corporate Director, Adult and Community Services) advised Board Members to be aware that a large portion of Public Health Grant will be used to fund mandated services. Therefore, Board Members should give particular consideration to the non-mandated services/programmes that can be funded through the grant to fulfil the Health and Wellbeing Strategy priorities and deliver the JSNA recommendations. Anne Bristow requested that Public Health's commissioning plan for 2014/15 reflects the Board's objective to tackle obesity. Cllr Worby (Chair of the Board) wanted Public Health to develop industrial scale interventions in response to the borough's health profile.

The Board was asked to think about how difficult decisions will be reached with regard to disinvestment and be ready to decommission services that do not deliver the desired outcomes for residents. Also there is a balance to be struck between maintaining funding levels in areas where performance has markedly improved and that re-allocating funding to other areas.

Conor Burke (Accountable Officer, B&D CCG) asked that partners are mindful of health and wellbeing priorities when conducting service reviews to find efficiencies. While value for money is important, commissioners should understand the relationships between services/programmes and the impacts of any re-modelling or disinvestment on wider service provision.

The H&WBB agreed to:

- Consider the priorities and set the strategic framework for commissioning public health programmes for 2014/15.
- Note that the next stage is to look at resourced delivery programmes, in respect of what is being done now, what could be stopped or done differently, and what else is needed to make a difference.

Further to the recommendations in the report, the Board agreed to:

- Task the Public Health Programmes Board to evaluate the success/impact of public health communications campaigns to see whether target audiences have been reached.

61. Children and Families Bill

Helen Jenner (Corporate Director, Children's Services) gave a presentation to the Board. The Board raised the following comments or issues in response to the report and presentation slides:

- Mediation is strengthened by the Bill. This should result in fewer Special Educational Need (SEN) tribunals which can be a difficult process for families to go through.
- The Council currently provides more than the statutory minimum in terms of transport assistance for young people. It may be difficult to maintain this offer as budgets shrink and responsibilities grow.
- The Bill is contradictory in that it encourages young people to have personal budgets but at the same time Health and Care Plans will have very specific requirements.
- The Bill does not marry well with some provisions of the Care Bill. The Children and Families Bill puts emphasis on a local offer of services whereas the Care Bill puts emphasis on national standards. Furthermore, the Care Bill tightens eligibility criteria for adult social care meaning that when a young person moves from children's social care into adult social care there is a possibility that the overall care package will be a smaller offer. This will naturally undermine the transition elements of the Children and Families Bill.
- During the transition process the wishes of the young person and their parent/carer may be at odds. This could be a challenge for agreeing a Health and Care Plan.
- Where schools are not under the control of the local authority it will be harder to achieve consistency in terms of the SEN offer.

The H&WBB agreed to:

- Support the integrated project team
- Endorse the direction of travel

- Receive regular updates on progress against the Project Plan, particularly through the Children and Maternity Sub-Group.
- Support the input from across the partnership to a Local Offer

Further to the recommendations in the report, the Board agreed to:

- Develop a Local Offer on a page to make the document more accessible to a wider readership.
- Circulate the Local Offer consultation documents to Board Members prior to the start of the formal consultation with members of the public.

62. The Care Bill

Anne Bristow (Corporate Director, Adult and Community Services) gave a presentation to the Board. The Board raised the following comments or issues in response to the report and presentation slides:

- The nurturing of social enterprises will be important to create a vibrant market for users of personal budgets.
- Much of the political debate around the funding reform has focussed on elderly people and the protection of their assets. There has been less consideration given to how the new funding system will work for younger working age adults.
- The borough will need to develop independent financial advice services to help people who need to contribute to their care package and explain options such as deferred payments.
- It is anticipated that in April 2016 there will be a major surge in demand for care assessments. It will be important that the assessments are thorough and attention is paid to the eligibility criteria to ensure that the Council can afford to meet the needs of those who require a care package.
- Portable Care Accounts will prove challenging as it will be difficult to keep accurate records for people who have been in the system for a long time or have moved home to become the responsibility of another local authority.
- Healthwatch will have an important role to play in helping residents to understand the Bill and its impacts on their care and support.

The H&WBB agreed to:

- Note the wide ranging implications of the Care Bill and the steps being taken to prepare for the Bill by the local authority.
- Agree on how the Health and Wellbeing Board might respond to the Bill and prepare for its implementation over the coming year.

- Note the opportunity to attend a workshop on the legal implications of the Care Bill (para 5.1).

63. Integration Transformation Fund 2015/16

Conor Burke (Accountable Officer, B&D CCG) introduced the report to the Board. The Board raised the following comments or issues in response to the report.

- Access to the Integration Transformation Fund in 2015/16 will be dependent on agreement of a local 2-year plan for 2014/15 and 2015/16. This plan will need to be agreed by the Health and Wellbeing Board before March 2014.
- Integration must improve patient outcomes. Pooling resources and working jointly is the mechanism for integration but the borough must not lose focus on making a difference to the patient experience. Bureaucracy and getting lost in planning should not get in the way of service re-design and system change.
- Although health and social care services for 18 to 25 year olds are not an explicit priority listed in the report there is a priority to integrate service delivery for families with complex needs which would include this age group.
- The CCG is on a journey towards personal health budgets. This will take time to become embedded.
- Year-on-year budget cuts and the redeployment of funds is a big challenge. Bringing together commissioners will undoubtedly bring improvements to integration but because the ITF is made up of existing funding streams (not new ones) there will be difficult choices ahead and perhaps sacrifices in some areas. It is important that when budgets are pooled the result is better efficiency rather than a loss of overall funds.
- 25% of the ITF is tied to performance against outcomes set out in the local joint plan.

The H&WBB agreed to:

- ask relevant officers within the CCG and local authority to draft and prepare the plans for discussion at a future Board and submission to the Department of Health.
- Task the Integrated Care Sub-Group to lead on both the development of the plan and any subsequent monitoring and reporting to the Board, together with any implications.
- Note the opportunities alongside the implications for disinvestment
- Note that a further report will come to the Board with the draft two year plan in February 2014.

- Consider the draft shared priorities in (2.2) that will form the basis for concrete proposals to be considered at a future meeting.

64. Learning Disability Joint Health and Social Care Self Assessment Framework

The H&WBB agreed to:

- Note the initial findings from the Joint Health and Social Care Self-Assessment Framework (JHSCSAF);
- Note there are areas that have been self-assessed as 'less effective' at this stage, and require the Learning Disability Partnership Board to report back with an improvement plan to tackle these areas to a future meeting.

65. The Francis Report

The Board noted the report. Further to the recommendations in the report, the Board agreed to:

- Conduct a peer review exercise with another London Borough to get external validation of the borough's response to the Francis Report recommendations.
- Receive the full implementation plan for the Francis recommendations at a future meeting of the Board.

66. Tender of Specialist Domestic Violence Services

The H&WBB agreed to:

- Approve the procurement of IDSVA community based provision and supported Accommodation, on the terms detailed in the report; and
- Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer, LBB to award the contract to the successful contractor upon conclusion of the procurement process.

67. Diabetes Scrutiny: Update on Delivering the Recommendations

The H&WBB agreed to:

- Indicate timescales for completion or progression against recommendations/actions for the benefit of those monitoring of the action plan.
- Schedule a further progress report to the 25 March meeting of the Board so that a fuller end of year summary of progress can be presented to the HASSC in the new municipal year.

68. Sub-Group Reports

The H&WBB noted the reports of the Sub-Groups. The Children and Maternity Group asked for clarity on the criteria for escalating performance issues to the Board.

The Board agreed that issues should be escalated when the Sub-Group believes it can no longer make a difference to performance in an area or when improvement has stagnated or declined over the period of two reporting quarters.

69. Chair's Report

The H&WBB noted the Chair's Report.

70. Forward Plan

The H&WBB agreed to:

- Note the content of the Forward Plan
- Circulate the most up-to-date version of the Forward Plan to Board Members in light of changes arising since the publication of the Plan in the agenda pack.