

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 10 December 2013
(6:00 - 8:15 pm)

Present: Councillor M M Worby (Chair), Councillor J L Alexander, Matthew Cole, Councillor L A Reason, Anne Bristow, Frances Carroll, Martin Munro, Dr Waseem Mohi (Deputy Chair), Conor Burke and Chief Superintendent Andy Ewing

Also Present:

Apologies: Helen Jenner, John Atherton and Dr John

71. Declaration of Interests

Dr W Mohi declared a pecuniary interest in item 8 as he would be a beneficiary of the Public Health Service contracts being awarded to GPs.

72. Minutes - 5 November 2013

The minutes of the meeting held on 05 November 2013 were confirmed as correct.

73. Healthwatch: The First Six Months

Frances Carroll (Chair, Healthwatch Barking and Dagenham) introduced the report to the Board.

The Board asked if Healthwatch had enough volunteers to deliver its programme of Enter and View visits. Marie Kearns (Chief Executive, Harmony House) explained to the Board that recruiting volunteers is very difficult. It was suggested that Healthwatch try to attract volunteers from the workforces of NELFT, the CCG, and the Council. It was also suggested that Healthwatch uses the Team London volunteer website in search for Enter and View representatives. Martin Munro added that Nicholas Hurst and NELFT's body of governors would be another source of potential volunteers.

The Board noted the progress made by Healthwatch Barking and Dagenham to date.

74. Changes in the population of Older People in Barking and Dagenham

Matthew Cole (Director, Public Health) introduced the report to the Board.

The Board noted the significance of improving performance with regard to 30 day readmission into hospital and mortality that is amenable to health care as these areas are indicative of where the health and social care system is not working for the frail and elderly cohort of the population.

The H&WBB noted the report and in particular the future mid-term implications it may have for funding. The Board considered the impact of the numbers of older people and projected changes within the strategic framework for commissioning

health and social care services over the next three years.

Further to the recommendations in the report the Board agreed to produce a concise analysis of the borough's demographics in terms of older people for use by partners in developing wider strategies and plans.

75. The Care Bill: Adult Social Care Funding

Anne Bristow (Corporate Director, Adult and Community Services) gave a presentation to the Board which:

- Set out the passage of the Bill through Parliament and timeline for implementing the reforms
- Recapped the provisions of Bill and explained the new system for funding
- Provided case studies to show how the capping system will work in practice
- Explored issues and challenges in delivering the reforms*

(*The presentation slides are published with the minutes to give further detail).

In response to the presentation, the Board raised the following issues/comments:

- A London-wide joint working party has been established to work through the challenges presented by the legislation. Guidance, information and resources/tool-kits are expected to support local authorities through implementation. Other boroughs are anticipating the same cost impacts and sharing the same concerns as LBBDD.
- Self-funders will have an interest in coming forward to be assessed. The Council estimates that an additional 5,600 assessments may need to take place in the period from 2015 to 2017 in order to assess hitherto un-assessed needs.
- Fundamental changes are needed for IT systems to manage records, assessments, and calculate care costs.
- If presented with legal challenges the established case law might be superseded by new interpretations of the legislation. Until new case law is established the Council's legal position on complex matters might be unclear.
- It is uncertain whether the public will realise they are liable for their costs or take suitable measures (personal savings or an insurance product) to plan for their care in later life.
- A large scale national communications campaign is needed to ensure good public understanding of changes and in particular the cost contributions of people to their care. Furthermore, the need to develop independent financial advice services is critical as currently the provision of such advice

is very limited.

- The changes have major workforce impacts in terms of training front line social care staff. It will be important that NHS staff have necessary training in order that they can give consistent messages on care options.
- The Bill places too much strength on residential care as a care option and that this may not facilitate a balanced approach when individuals and their families are making difficult decisions on care. It would be more helpful if guidance and information related to the modern social care agenda and supporting people to remain in their homes for as long as possible.

The Board agreed to:

- Note the wide ranging implications of the social care funding reforms put forward in the Care Bill for individuals, their families, the local authority and other partners.

76. CCG Commissioning Plans 2014/15

Conor Burke (Accountable Officer, B&D CCG) introduced the report to the Board.

The Board discussed the challenges of planning and setting priorities over a period of five years, especially at a time of major change in the health and social care sector. There is a danger that the five year strategic plan will not keep up with affairs and developments. The two year Delivery Plan will respond to such changes when it is refreshed and tie together short, medium and long term objectives for the CCG and its partners.

It was noted that the work of the Integrated Care Coalition has been useful in establishing a unified vision for health and social care locally. Further work is needed to ensure that the CCG's Commissioning Plans align with other local plans/strategies. The Board noted the priorities outlined in section 6.3 of the report which include: delivering more care in the community, raising standards within primary care, and improving performance in emergency and urgent care.

The Board agreed to:

- Note guidance and progress to date
- Consider the commissioning plans of the CCG including the Integrated Transformation Fund at meetings in February and March 2014.

77. Delegated Authority Request for Public Health Service Contracts

Dr W Mohi declared a pecuniary interest in item 8 as he would be a beneficiary of the Public Health Service contracts being awarded to GPs.

The Board agreed to:

- Waive the requirement to tender the contracts for the health services noted in this report.

- Agree that the Corporate Director of Adult and Community Services, on the advice of the Director of Public Health and the Chief Finance Officer awards the contracts to the providers identified, and in accordance with the procurement strategy outlined, in this report.

78. Health & Wellbeing Outcomes Framework Performance Report - Quarter 2 (2013/14)

Matthew Cole (Director, Public Health) introduced the report to the Board. The Board discussed the issues in relation to the performance indicators:

- It was noted that there are performance issues with the current provider for the Chlamydia screening programme in light of which the contract for this service will be reviewed.
- Emergency re-admissions within 30 days of discharge from hospital is a longstanding issue. More provision of recovery services and support from primary care to deliver care in the community setting will help to solve this multi-faceted problem.
- Despite the Council being tight with its enforcement and licensing controls alcohol related crime remains a problem locally. The Board believed that the borough was achieving the best results it could with the resources at the Partnership's disposal. The Board commented on the positive impact of banning drinking on the streets.
- Concern was raised about the numbers of women smoking during pregnancy. It was noted that the Family Nurse Partnership is taking action to engage with pregnant women on this issue.

The Board agreed to:

- Review the overarching dashboard, and raise any questions to lead officers, lead agencies or the chairs of subgroups as Board members see fit;
- Note the further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance;
- Note the information provided about Urgent Care and CQC activity in the period.

79. Autism Self Assessment Framework and Autism Mapping Project

Bruce Morris (Divisional Director, Adult Social Care) introduced the report to the Board. Arising from the report the following issues or comments were raised:

- Due to better assessments and diagnostic tools the borough is catching up to the expected prevalence levels for the population, however there is much progress to be made in detecting people on the autism spectrum.

- Specific training for staff to carry out statutory assessments on how to make reasonable adjustments in their approach and communicate to people with autism was identified as a key area for improvement.
- Autism needs to be strongly reflected in the borough's Joint Strategic Needs Assessment and through the commissioning plans of partner organisations and the Council.
- The Board discussed the challenges of integrating services, commissioning support services for people with autism, and delivering training to professionals in the current economic climate.
- Cllr Reason (Cabinet Member for Adult Services and HR) questioned the Borough Commander about the training police officers are given to deal sensitively with people with autism. Chief Supt. Andy Ewing advised the Board that there is a specially appointed Mental Health Liaison Officer, and more generally Police Officers have good awareness/understanding of the needs of people on the autism spectrum.

The Board agreed to:

- Agree and validate the submitted Autism Self Assessment Framework ratings and task the Learning Disability Partnership Board to report back on an action plan for the improvement
- Note the findings from the recently completed independent Autism Mapping exercise.
- Note the Clinical Commissioning Group and local authority will be working together through the Learning Disability Partnership Board to develop an integrated Health and Social Care Autism Strategy which will be reported back to the Board in 2014.

80. Urgent Care Board: Update

Conor Burke (Accountable Officer, B&D CCG) introduced this report to the Board. In updating the Board on the recent work of the Urgent Care Board the following issues or comments were raised:

- Queen's Hospital is struggling with patient flow through the hospital. This is a hospital-wide issue that impacts on the effectiveness of treating patients quickly in the Emergency Department. Queen's Hospital must improve how it deals with frail elderly patients and how it discharges patients to avoid delayed transfers of care.
- To address staffing shortages BHRUT has recruited 18 middle grade Doctors, 10 middle grade Anaesthetists, and 2 Consultants for the Emergency Department.
- £7 million of winter planning monies has been invested to help better manage demand for urgent and emergency care.

- The CCG was challenged over the provision of urgent care GP appointments being delivered through the pilot surge scheme and whether there would be analysis of the scheme in relation to reducing A&E attendances. Concerns were also raised about the lack of publicity to raise awareness of urgent care GP appointments among residents.

The Board noted the progress report and agreed to receive a further update at its meeting on 25 March 2014.

81. Engagement Strategy & Mechanisms: Update

Mark Tyson (Group Manager, Service Support and Improvement) introduced the report to the Board. Arising from the report the following issues or comments were raised:

- The web presence of the Board needs further work.
- There is variation between the H&WBB sub-groups in terms of the range and use of engagement mechanisms that exist within the Partnership. As the sub-groups develop/mature they will better understand how to interact and make use of those engagement opportunities.
- The Obesity Summit which is planned for 16 December will be a useful to see how the Board can engage with local stakeholders on an issue of strategic importance.
- Service users with learning disabilities would benefit from Board related materials being more accessible. It was also noted that the Service User Group (within the Learning Disability Partnership Board) is finding the nature of the business presented to it challenging. Simplifying the business and making it more relevant to the lives of service users would improve engagement.
- It was recommended that the Board's development day event on 13 January 2014 is used as an opportunity to develop the Board's engagement mechanisms. The outcomes of the development day will then feed into the Board's engagement strategy.

The Board agreed to follow the approach set out in section 5 of the report, which was as follows:

- To timetable a discussion at the next available meeting of each sub-group that explores the series of questions about mapping engagement across the Health and Wellbeing structure as set out in Appendix 1.

82. Sub-Group Reports

In response to the issue escalated by the Mental Health Sub-Group (Appendix 1), Dr Mohi (Chair, Barking and Dagenham CCG) confirmed that he will ensure GP attendance at that group's meetings going forward. Otherwise the Board noted the

content of the Sub-Group reports

83. Chair's Report

Cllr Worby drew the Board's attention to the new Care and Support Hub website and encouraged partners to visit the website and give feedback on the content of the pages.

The Board noted the Chair's Report.

84. Forward Plan

The Board noted the Forward Plan as set out in Appendix 1 of the report.