

# MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 29 July 2014  
(6:00 - 8:35 pm)

**Present:** Cllr Maureen Worby (Chair), Dr Stephen Burgess, Anne Bristow, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Chief Superintendent Andy Ewing, Cllr Bill Turner, Jacqui Van Rossum and John Atherton

**Also Present:** Dr Ravi Goriparthi, Sharon Morrow, Jackie Ross, Cllr Edna Fergus, Cllr Adegboyega Oluwole, Helen Oliver and Ann Graham Dr Eugenia Cronin

**Apologies:** Dr Waseem Mohi, Conor Burke, Helen Jenner and Dr John

## 17. Inquorate

The Chair advised that Councillors Butt, Carpenter and Turner had been delayed by another meeting but were on their way from the Town Hall and would be arriving shortly and in view of the heat and size of the agenda she would start the meeting and deal with the first couple of items. Councillor Carpenter arrived at the end of Agenda Item 3 and the meeting became quorate. Councillor Turner arrived during Agenda Item 5 and Councillor Butt arrived during Agenda Item 8.

## 18. Declaration of Interests

Jacqui van Rossum, Executive Director Integrated Care (London) and Transformation), NELFT, declared a pecuniary interest in regards to Agenda Item 8 and took no part in the discussion or decision.

## 19. Minutes - 17 June 2014

The minutes of the meeting held on 17 June were confirmed as correct, subject to the replacement of 'Frances Carroll' by 'Marie Kearns'; in Minutes 4.

## 20. The Children and Families Act

Jackie Ross, SEN Consultant, LBBD, presented the report and reminded the Board that since October 2013 there had been two revised version of the Act before it became law in March 2014. In April 2014 there had been significant changes introduced in the new statutory guidance 'Special educational needs and Disability code of practice 0-25 years' and this new code would replace the existing SEN Code of Practice on 1 September 2014. The new Act and statutory guidance in the code would have significant service delivery implications for all partners and also increased post 16 to 25 support arrangements in regards to health, social care, adult services and education. Other changes meant that young people could ask for an Education, Health and Care assessment and would have the right to assessment whilst in custody.

As part of the duty to engage with the local community and support the parents and young people work had been undertaken with stakeholders and external

forums, including the BAD Youth Forum. The Parent Partnership will be re-commissioned to input parent voice into the specifications and quality assurance for the bids. The community engagement, including that undertaken for the Local Offer, has become recommended by the DfE as an exemplar of good practice. Ms Ross confirmed that the Local Offer and Education Health and Care Planning is on course and ready for 1 September implementation. As part of this the Borough was publishing on its website its perspective on the Act requirements and there would also be interactive website section for stakeholders and service users.

The Education, Health and Care Plans had been developed in partnership with parents and were being trialled in readiness for the 1 September. A training programme to support staff with implementation was already underway. Work in relation to transition to adulthood and joint commissioning had still to be taken forward as there were a number of gaps in providing information to young people through the health stream.

Councillor Carpenter raised the issue of the additional work that needed to secure some aspects of health engagement, particularly in regard to the need for significant awareness raising with GPs and others, and pointed the Board to the concerns set out in section 4 of the report in regards to underdeveloped joint commissioning. Sharon Morrow, Chief Operating Officer, B&D CCG, advised that the governance used for adults would also suit the needs of children. Ms Morrow also advised that a recent workshop had been held and children and maternity had identified work for the coming 12 months. In addition, GP clinical leads would be raising awareness with GPs.

The Board received the report and, to enable compliance with the Children and Families Act, agreed:

- (i) To support the current draft version of the 'special educational needs and disability code of practice 0-25 years' which we are directed by the DfE to use as statutory guidance.
- (ii) The Board also noted:
  - (a) Full implementation was required by 1 September 2014 and the implications this would have for strategic and commissioning decisions.
  - (b) The statutory guidance required that "Joint commissioning should be informed by a clear assessment of local needs. Health and Wellbeing Boards are required to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, to support prevention, identification, assessment and early intervention and a joined-up approach"
  - (c) The refresh of the Joint Strategic Needs Assessment (JSNA) is currently underway and would be expected to take account of the requirement, in preparation for a future refresh of the Health and Wellbeing Strategy.
  - (d) Structured programmes are in place for implementation of both the Children and Families Act and the Care Act, which would consider

the implications of the new guidance for the overlap between Care Act and Children and Families Act requirements and irrespective of any discrepancies identified, there remains a statutory duty to put the arrangements described in the Children and Families Act in to place by 1 September.

## **21. OFSTED Children's Social Care Inspection Feedback**

Ann Graham, Divisional Director Complex Needs and Social Care, presented the report on the OFSTED inspection which occurred between 29 April and 22 May 2014 on the services for children in need of help and protection, looked after children and care leavers and a review of the local safeguarding Children Board. The report had been published on the 7 July. Ms Graham advised that whilst the Inspectors recognised the enormous pressures that all agencies have been under, they had determined there were some areas that required improvement, including areas of health and police linkage and communication.

In response to questions Ms Graham advised that, that every child tracing will enable Education, Health and Care assessment to be undertaken and followed through. Ms Graham also advised that although OFSTED had not raised any issues in regards to CAMS the CAMS Strategy would also be refreshed.

The Board noted:

- (i) The publication of the full OFSTED report.
- (ii) Agencies would need to respond proactively to action planning to address gaps in provision now that the report is published.
- (iii) Note that a full report will be presented at the October Board to enable the Board to ensure that the proposed Action Plan, to address the areas of weakness identified by the inspection, is fit for purpose.

## **22. Breastfeeding Pathway Review**

Dr Eugenia Cronin explained the aims, methodology and outcomes of the Breastfeeding Pathway Review. As part of the review interviews had been held with health professionals, new mothers and support providers to ascertain why mothers were not breastfeeding. Dr Cronin stated that breastfeeding had undisputed health benefits, in both the short and long-term, for baby and mother and breastfeeding also produced lower risks than formula feeding for the vast majority of mothers. Although there had been some improvement towards the England average since 2008, the initiation and sustained breastfeeding rates in the Borough were the second lowest in outer north east London.

Dr Cronin indicated that ten peer support volunteers had been identified and these volunteers were dedicated and of good quality. However, the service support for these had recently transferred to Children's Services and there were still some issues to be resolved in regards to management structure and reporting mechanisms to enable this peer support service to be more effective. The decision to bottle or breastfeed was often taken long before pregnancy had occurred. Dr Cronin stated this decision appeared to be associated with the lack of knowledge or perceived support for breastfeeding due to cultural pressure or

conflicting / outdated information from friends and family.

A more joined up approach between antenatal and health visitors was also required, which together with peer support networks could encourage and support more mothers to choose the breast over bottle. Dr Cronin also cited the local infant feeding scheme, such as that operating in Redbridge, as a potential option for the future.

Anne Bristow, Corporate Director of Adult and Community Services, asked what the current status was in regard to midwives to UNICEF accreditation standards. Dr Burgess, Interim Medical Director, BHRUT, advised that training within health and maternity services is progressing and staff were very keen to undertake the training and to press the breastfeeding benefits to clients. Dr Burgess confirmed that he had spoken to the Director of Nursing and the issue was lack of funding at the present time, not lack of will, and he and Matthew Cole would report back on what actions would be needed to resolve this.

Councillor Turner asked if the data was available on a ward level so that services could see if there were particular GPs or Clinics that could be targeted with extra support. Dr Cronin advised she would be happy to provide the local data she held.

Dr Goriparthi suggested that as there needed to be a generational shift in attitudes and suggested that the possibility of including the benefits of breastfeeding as part of school's education / PHSE may need to be explored Dr Goriparthi also felt that training to UNICEF standards would be welcomed GPs and Practice Nurses.

The Chair asked if there was a timetable or action plan to look at the issues around breastfeeding. Sharon Morrow advised that breastfeeding had been discussed at an away day in April and would become a prime issues for the Children and Maternity Sub-Group from September.

The Board received and noted the contents of the report and the recommendation contained within it and in order to progress this issue agreed:

- (i) A refresh of the CCG commissioning plan must include greater emphasis on support for breastfeeding.
- (ii) A breastfeeding strategy should be developed and this would be owned by the Children and Maternity Sub-Group.
- (iii) The employment of an Infant Feeding Coordinator should be explored.
- (iv) Improved training was desirable and supported the review and up-skilling of relevant staff, in particular training for midwives should be refreshed and in place by September, with a view to obtaining UNICEF accreditation for local maternity services.
- (v) The Chair of the Children and Maternity Sub-Group should work with key stakeholders to improve data collection across the pathway.
- (vi) Improved antenatal education was needed.
- (vii) To expand and improve coordination and change the management

configuration of maternity and maternity support services, including the Peer Support Workers programme.

- (vii) The Board also requested that the Children and Maternity Sub-Group should report to the 9 September Health and Wellbeing Board on the Action Plan and timetable that the Sub-Group would be working to.
- (ix) The Chair of the Children and Maternity Sub-Group will lead the implementation of the recommendations and to update the Board on progress over the next 12 months.

The Chair advised that the BAD Youth Forum had indicated an interest in health projects and she would approach them to see if they may wish to include potential consultation work on this issue in their work plan.

### **23. Child Death Overview Panel Annual Report**

Matthew Cole, Director of Public Health, presented the Annual Report on behalf of the Child Death Overview Panel (CDOP) and advised that the CDOP provided a comprehensive and multi-agency review of child death. The aim of the reviews is to understand how and why children die in the Borough and use the finding to improve the health and safety of children in the area and reduce the risks of future child deaths. There had been 27 deaths in the period and for a variety of reasons only 18 of those had been reviewed by the CDOP.

Councillor Turner stated that a version of this report had also been presented to the Local Safeguarding Children Board and he was concerned that the Borough had a high level of occurrence against the London average for neonatal deaths. Mr Cole advised that the average for a year usually ranges from one to four neonatal deaths per year and with such small numbers the percentages could easily askew the London average rating.

Councillor Carpenter asked for a further explanation in regard to paragraph 4.2 of the report. Mr Cole advised that because child deaths are rare and intervals can be wide apart it is difficult to detect true statistical differences in death rates. During 2014-15 data will be pooled from several north east London boroughs and analysed to see if this can increase the power to detect differences.

The Board were advised that Health Visitors and Midwives were also being reminded of the advice on back-to-sleep position and cessation of smoking, the two highest risks to neonatal deaths.

The Board noted the recommendations made during 2013/14 by Child Death Overview Panel to the Local Safeguarding Children Board and agencies and requested:

- (ii) BHRUT to provide further details on the reports of communication issues between BHRUT and the Ambulance Service at the 9 September 2014 meeting.
- (ii) A short update report to the 28 October 2014 Board, to include a further analysis of the figures.

## **24. Contract: Extending the Contract for Public Health Healthy Child Programme 5 - 19 Years Old**

Matthew Cole, Director of Public Health, presented the report which requested the extension of the current Healthy Child Programme 5-19 Years Old to 31 March 2016 in readiness for the transfer of the responsibility to the Local Authority in October 2015. This would also allow the Council to review and develop its 0-19 provision (including early years and school based public health programmes), to meet the changing needs of the Borough, provide a more seamless service with fewer transition issues and look to deliver efficiencies. To allow for stability in service, the Department of Health had also requested that 5-19 contracts do not end at the same time as the Health Visitor transition.

The Board noted the details set out in the report and, in accordance with the Council's Contract Rules section 54.1.3, the Board:

- (i) Agreed to the extension of the Public Health Healthy Child Programme 5-19 contract until 31 March 2016; and,
- (ii) Authorised the Corporate Director of Adult and Community Services, on the advice of the Director of Public Health and in consultation with the Head of Legal and Democratic Services to extend the current contract to 31 March 2016 under the same terms and conditions; with a break clause of three months.

## **25. The Care Act**

Anne Bristow, Corporate Director of Adult and Community Services, presented the report on the adult social care reforms following the Care Bill being granted Royal Assent. The report provided reminders of the thrust of the Care Act and its major provisions and also alerted the Board to the draft statutory guidance and secondary legislation that was currently out for consultation. Mrs Bristow advised that this consultation was of some magnitude, as over 500 pages of draft regulations had been received and changes were still occurring. The Act, guidance and regulations would certainly have a significant impact on the Council or relevance to partner organisations.

There were also a number of operational challenges that would need to be worked through, such as:

- informal carers provisions
- assumptions about rational decisions being made by people for their own care
- an explicit duty to cooperate
- local authorities being bound to ensure provision of service choices for individuals to purchase under personal budgets,

The aim was to provide a seamless delivery of the Care Act and its funding reforms to residents who have eligible for unmet social care needs.

The changes would be in two phases, April 2015 and April 2016, with the funding reforms being in the 2016 phase.

Councillor Butt asked how much it would cost to implement, and was advised that as the Regulations were still being changed or clarified there were a number of different models for assessing the costs, however, the ball park figure was £6m to £8m, but with the phasing this could be in the order of £4.5m on 2015. As a result negotiations on funding are being undertaken at national level with the Department of Health.

Councillor Carpenter drew the Board's attention to the support required for job and training opportunities and the provisions available within the Borough to assist with this aim.

The Chair then drew the Board's attention to the details that appear to be required for the personalised statements and the potential for this provision to be resource heavy.

Dr Goriparthi commented that the estimated cost of unpaid carers nationally was estimated to be in the region of £111b. If that was the case then the £4.5m may not be enough.

The Board received the report and following discussion:

- (i) Noted:
  - (a) The need to support carers to remain in employment and the potential for the Adult College to be able to assist in this area.
  - (b) The challenges in regard to advocacy numbers and training of the advocates to levels envisaged by the draft Regulations within the voluntary sector.
  - (c) The high level of administration that would be needed to produce personalised statements.
  - (d) There were a number of variables that will affect the potential cost of implementation to the Council and currently the best estimates had averaged around £4.5m, but could be as high as £8m.
  - (e) The Carers Strategy was currently being refreshed and it was anticipated this will be reported to the Board on 28 October 2014.
- (ii) Approved the response of the Board, to the consultation on the Care Act draft guidance and regulations, as set out in Appendix 2 to the report.
- (iii) Agreed the actions to be undertaken by partner organisations to contribute to the implementation programme.
- (iv) To a schedule of further Care Act programme implementation reports to ensure the Board is well-sighted on issues and to further explore issues or parts of the implementation that impact on partner organisations.

## 26. Mental Health Tariff

Sharon Morrow, Chief Operating Officer Barking and Dagenham CCG presented the briefing on the national tariff payment system for 2014/15. NHS England and Monitor are responsible for setting the NHS payment system and they had published the national tariffs for 2014/15. There had been a period of consultation with commissioners and providers prior to publication. The tariff deflator of -1.8% had been applied to mental health service contracts.

Ms Morrow advised that whilst Monitor recognised the challenges being faced by providers and commissioners in transforming patterns of care and improving operational efficiency, they still believed that there were opportunities to improve care and safety by more efficient use of resources and had required providers to make 4% productivity improvements in 2014/15. It was expected that productivity improvements would be made through operational efficiencies.

John Atherton, Head of Assurance North Central and East London, NHS England, advised that the deflators had caused a range of discussions across both acute and non-acute services, but the NHS, like much of the public sector, had been charged by the Government to make saving year-on-year. The decisions were taken at a national level and it is that settlement that NHS London then had to implement.

Councillor Carpenter asked for a candid response to the impact and difference in services that the users would see as a result in the cuts in tariff. Sharon Morrow responded that as this was a 'block contract' the Trust was putting together plans to achieve cost savings through back-office efficiencies and added that she had not been made aware of any effects on patients.

Councillor Turner commented that he was a little sceptical that such a level of cut could be found for back office efficiencies as the public sector has been undergoing cuts for a number of years and there was unlikely to be areas that could be trimmed further without impacting on service delivery.

Dr Burgess advised that each scheme has to be considered by a panel, which included clinicians, to make sure that savings do not affect the quality of patient care.

Jacqui van Rossum, Executive Director Integrated Care (London) and Transformation), NELFT, commented that from 2016 there would no longer be 'block contracts', which could impact on savings options in the future and could affect service parity across London.

Anne Bristow added that it would be interesting trying to make savings whilst at the same time the 'Closing the Gap' programme had increased demands.

The Board wished to record its concerns in regards to the tariff provision, which equated to a funding reduction, and the felt this was not supportive of the policy of achieving parity of esteem' between mental health and physical health provision. The Board also noted that this could be further exacerbated by the disparity between acute and non-acute service availability. The Board also made note of the safeguarding implications and costs following on from the Francis report.



Accordingly, the Board asked the Mental Health Sub-Group monitor this closely and escalate issues to the Board if necessary.

## **27. Impact of the Recession Scrutiny (Action Plan)**

Gillian Mills, Integrated Care Director, NELFT, presented the report on the Health and Adult Services Select Committee's (HASSC) scrutiny review on the 'Potential Impact of the Recession and Welfare Reforms on Mental Health'. The issue had been originally been part of the Board's agenda for the 25 March 2014 Board, which had subsequently been inquorate. The full scrutiny review could be obtained from the link within the report and attached as Appendix 1 to the Board report were the HASSC review executive summary and recommendations, which were:

- Better information and advice is needed for residents, practitioners and those already known to mental health services on issues of welfare reform, advocacy, and support for coping with stress / depression/anxiety.
- Recovery and resilience can be supported / built up through training and volunteering opportunities.
- Peer support opportunities must be developed to prevent isolation, provide emotional support, and share knowledge.
- The primary care depression pathway should be reviewed to ensure it is holistic and not overly reliant on the prescription of anti-depressants.
- The effects of the austerity and welfare reforms should be measured so that the Council and its partners understand the impacts on residents and levels of need.
- Demand on local services (advocacy, local emergency support, credit unions, welfare rights) should be closely monitored.
- The Mental Health First Aid training programme should be delivered to professionals across the partnership and other local employers. Additional mental health awareness training should be provided where appropriate.

Ms Mills advised that the Mental Health Sub-Group had subsequently been tasked with producing a plan to meet those recommendations and the resulting Action Plan was attached as Appendix 2 to the report. The Plan provided details on what areas the Sub-Group Members would lead on implementing within their respective bodies. A user engagement event had also been arranged for October 2014 at which feedback on the Action Plan would be sought.

Councillor Carpenter commented that there were a number of base timelines mentioned in the Plan in regards to 2014 and asked if these had been agreed. Ms Mills confirmed that they had been agreed and work was already going on to ensure the timescales were achieved.

The Board received the report and:

- (i) Noted the Mental Health Sub-Group had looked at seven recommendations from the Health and Adult Services Select Committee and had developed an Action Plan to take things forward, as set out in Appendix 2 to the report,
- (ii) Noted there would be an engagement event in October 2014 to obtain user feedback on the Action Plan, and
- (iii) Requested an update on the progress achieved is provided to the Board for six months thereafter.

## **28. 'Closing the Gap': Priorities for Essential Change in Mental Health**

Gillian Mills, Integrated Care Director, NELFT, advised that two years ago, in its mental health strategy, 'No Health Without Mental Health', the Government had stated that mental health must have equal priority with physical health, that discrimination associated with mental health problems must end and that everyone who needs mental health care should get the right support, at the right time. There was also clear recognition that more needed to be done to prevent mental ill health and promote mental wellbeing.

Since that time a lot of positive changes had occurred but more still needed to be done and nationally, people who use mental health services, and those caring for them, continue to report gaps in provision and long waits for services. There was still an enormous gap in physical health outcomes for those with mental health problems. Ms Mills commented that there was clearly a disparity in treatment and evidenced that 70% of those with heart conditions and 90% of those with diabetes receive regular treatment but only 20% of those with anxiety are receiving any treatment. There was also far less provision of acute or emergency mental health support services out-of-hours, for example at weekends and bank holidays.

The February 2014 Department of Health 'Closing The Gap' report had challenged the health and social care sector to go further and faster to transform the support and care available to both children and adults with mental health problems. The 'Closing The Gap' report also challenged Public Health services to give greater attention to mental health and wellbeing promotion and prevention.

The Board were also informed that a benchmarking audit, against the 25 recommendations, was being undertaken and the issues would form part of an engagement event in October 2014.

Councillor Carpenter pointed out that in section 20 of the LGiU document, attached as Appendix 1 to the report, there was mention of £43m to support a small number of housing projects designed with and for people with mental health problems and learning disabilities and asked if the Borough was going to receive any of this funding. The Chair advised she would investigate and advise the Board Members of the results.

Dr Goripathi suggested that mental health needs to be a core part of other strategies, such as alcohol and drug abuse strategies as well as general health strategies, as mental health issues could result from long-term physical health problems and were often an underlying cause of substance abuse.

Councillor Turner commented that it might be useful to have a self-assessment on where we were as a Borough on this issue. Ms Mills confirmed that this was currently being undertaken and we would then be in a position to identify our strengths and any weaknesses.

Anne Bristow advised that the Health and Wellbeing Strategy is currently being refreshed and suggested that cross referencing of mental health issues should be fed into that.

The Board noted:

- (i) The 25 recommendations highlighted within the Closing the Gap report.
- (ii) The Mental Health Sub-Group members were undertaking a benchmarking audit within their respective organisations to establish the level of services commissioned and provided within Barking and Dagenham against those 25 priorities.
- (iii) An implementation plan would be presented to the 28 October 2014 Board outlining the actions that need to be taken for local services to meet the report's recommendations.
- (iii) There was a link between mental health and long-term physical conditions (e.g. diabetes, heart disease, COPD) and accordingly it would be efficient to link and coordinate the strategies and this would be part of the refresh of the Health and Wellbeing Strategy.
- (iv) The Chair would ascertain if the Borough was to benefit from the £43m for housing projects designed with and for people with mental health problems and learning disabilities and would advise the Board Members accordingly.

## **29. Urgent Care Board Update**

The report provided an update on the work of the Urgent Care Board and the workshop that was held on 30 June 2014. Following discussion, the workshop members had agreed that there would be no changes to the current structure of the Urgent Care Board (or its name) as it was felt that the UCB satisfies the new guidance from NHS England for System Resilience Groups (SRGs).

The Chair indicated that she had concerns that the 'surge plan' of three extra appointments in each GP's practice would be sufficient. Dr Goriparthi gave a verbal update on the work that was being undertaken which included the linking-up of GP IT systems. There were also other projects being progressed, for example links with Havering to provide urgent care.

John Atherton advised that NHS England had also committed to distribute winter funds much earlier this year and would also be looking at resilience plans over the next few weeks.

The Board noted the report and in particular:

- (i) The work that had been undertaken and was ongoing in regards to the

linking-up of GP's IT systems.

- (ii) NHS England's commitment to provide winter pressure funds much earlier and also that they are reviewing resilience plans over the next few weeks in preparation for the winter season.
- (iii) The still needed to be some evidence that the 'hub' and surge appointments were being used by 'ill people' rather than for additional routine appointments.

### **30. Care City: Update**

Helen Oliver, Care City Programme Lead for NELF and LBBB, presented the report and in addition to the details within the report provided an update on recent changes.

Councillor Carpenter was supportive of the project and indicated that the Borough's Adult Education College could be beneficially resourced for the project and Councillor Turner commented on the positive action to increase the level of respect for the carer professions.

The Board noted:

- (i) The outline business plan had been presented to NELFT Board on 22 July 2014, and funding had been approved. This would allow for NELFT and LBBB to work together for a further two years and provide the necessary capital and future revenue funding for Care City.
- (ii) The continuing development of a joint Memorandum of Understanding (MOU) between LBBB and NELFT which sets out the terms and conditions of this joint venture.
- (iii) Subject to agreement across both partners of the proposed governance and legal structure.
- (iv) Subject to agreement across both partners that there will be an Interim Steering Board reporting to both LBBB and NELFT.
- (v) It was anticipated that a decision will be made on 4 August by the Council's Cabinet, which would result in a permanent site for Care City.
- (vi) That the Adult College could also be a useful partner in this project.

### **31. Better Care Fund - Update**

The Board received a verbal update from Glynis Rogers, Divisional Director Commissioning and Partnerships, which informed the Board that the position had changed since the report had been written. The Board noted that further guidance had now been released by the Department of Health and the deadline for response was 19 September 2014. This would enable a detailed report to be presented to the 9 September Board. In the meantime, and to enable preparations to continue, the Board noted:

- (a) A workshop was planned for 13 August to finalise plans.
- (b) NHS England's comments that there had been some very positive narratives and shifts in activity for LBBB.
- (c) Good progress had been made already and there would be a further focus on financial and monitoring issues over the coming weeks.
- (d) The Board still maintained its shared and clear ambition which was, locally reflected within both the Better Care Fund Plan and the strategic five year plan.
- (e) In preparation for our approval at the 9 September meeting, delegate to the Corporate Director of Adult and Community Services on behalf of the Council to finalise any outstanding matters from the Board's discussions with the Accountable Officer on behalf of Barking and Dagenham CCG. Also, to take further action as necessary in the event of further steps being required to make any adjustments to the BCF plan to comply with emerging requirements from the government, Department of Health or NHS England.

### **32. Progress on the Diabetes Actions from the Health and Adult Services Select Committee Scrutiny Review**

The report provided an update on the progress of implementation of the recommendations of the Health and Adult Services Select Committee in 2012/13. Collaborators and stakeholders had worked in a very positive manner to start to achieve change. There was still work to be done but there was now a strategic group (the Diabetes Sub-Group of the Planned Care Steering Group) that could take forward the ongoing work. This included identifying diabetics within high risk groups in primary care and elsewhere and the need for NHS England to address the problem of some underperforming GP practices.

Dr Goriparthi's advised that work was now being undertaken in a united way with BHRUT and staff based at Porters Avenue were now doing outreach work at GP's surgeries and this would provide additional training for GP's and Practice Nurses and ultimately improve patient outcomes.

The Board noted the report and agreed:

- (i) The Diabetes Action Plan had been completed, as set out in table 1 of the report, and was now fit for return to the Health and Adult Services Select Committee.

### **33. Sub-Group Reports**

At every meeting each sub-group, excluding the Executive Planning Group, reports on their progress, performance and attendance since the last meeting of the Health and Wellbeing Board.

The Board noted the updates provided in regards to

- Integrated Care Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board
- Children and Maternity Sub-Group

The Board also noted that the Public Health Programme Board, had not met since the last meeting of the Board, and was given assurances by the Director of Public Health that it would be meeting within the next couple of weeks.

#### **34. Chair's Report**

The Board received and noted the Chair's report, which included information on:

- Five Year Strategic Plan Final Submission
- Letter sent to NHS England Regarding Safeguarding Concerns
- New Community Services Up for a National Award
- Marking Intermediate Care Better – Consultation
- Lord Darzi Event on 7 July 2014
- Update on the Progress of Transfer of Children's Public Health Commissioning
- Transforming Services, Changing Lives – Case for Change
- News from NHS England.

Dr Burgess advised that a response to the letter sent to NHS England regarding safeguarding concerns was in preparation.

#### **35. Forward Plan**

Noted the draft Forward Plan and that there had been some changes and items added since the publication of the agenda. The Board also noted that the deadline for changes or additions for any items to be considered at the 9 September meeting or later was 7 August 2014.