

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 17 March 2015
(6:00 - 8:07 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), John Atherton, Anne Bristow, Dr Nadeem Moghal, Chief Superintendent Sultan Taylor, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Frances Carroll, Matthew Cole, Helen Jenner and Jacqui Van Rossum

Also Present: Sarah D'Souza, Cllr Adegboyega Oluwole and Kenny Gibson

Apologies: Cllr Bill Turner and Sarah Baker

104. Declaration of Members' Interests

Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation, NELFT, declared a pecuniary interest in Agenda Item 11 'Section 75 Arrangements for the Provision of Learning Disability Services' and Agenda Item 14 'Update on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service and Family Nurse Partnership Programme from NHS' and took no part in the discussions or decisions of those items.

There were no other declarations of interest.

105. Minutes - 10 February 2015

The minutes of the meeting held on 10 February were confirmed as correct.

106. Carers Strategy and Commissioning of Carers Services

Further to Minute 63, 20 October 2014, Mark Tyson, Group Manager, Integration and Commissioning, LBB, presented the strategy for improving support to carers in the Borough. The Strategy 2015 to 2018 and the detailed Action Plan, covering the first year, had been compiled following consultation events with carers and service.

The strategy had taken into account the need for correct commissioning and the need to look at what and how we do things and also preventative work that could be done to remove the need for care in the future.

The market position statement would also be refreshed in the summer and further consultation would be undertaken on those aspects at that time.

Mark Tyson explained that, the Safeguarding Adults Board had recently considered a serious case review and this had resulted in recommendations which would be added to the Strategy.

Prompts were also being developed to ensure that Social Workers consider and deal with the needs of young carers.

In response to a question from Councillor Carpenter, Cabinet Member for Education and Schools, Mark Tyson confirmed the milestones, set out in page 23 of the Strategy, were all on track for April and May 2015.

Councillor Carpenter asked how we could tell if the actions were having a real impact and if there would be any problems obtaining data to assess the impact. Mark Tyson confirmed that it would be possible to measure the impact against the data flows and that could be easily collected direct from health partners.

The Chair, Councillor Worby, Cabinet Member for Adult Social Care and Health, indicated she was concerned that the vision “A carer-conscious community, working together to create innovative and sustainable support for carers, where carers are viewed as ‘everybody’s business’ and feel valued’ was too long and felt a shorter more customer friendly strap line was needed. Councillor Carpenter agreed and suggested ‘Let’s Care for the Carers’.

The Chair commented that she still felt concerned that we could have understated the number of carers, especially young carers, and the impact on resources that could have. Mark Tyson advised that a review had been factored in half way through the first year to take stock of the situation and make any reassessments necessary.

Having considered the report and discussed the issues, the Board:

- (i) Approved the Strategy attached to the report as the basis for future joint work on the development of carers’ services in Barking and Dagenham;
- (ii) Agreed the new vision strap line should be ‘Let’s Care for the Carers’.
- (iii) Delegated authority to the Corporate Director of Adult and Community Services to work with partners including carers, carer service providers and health partners in the development of proposals of a specification for future carers’ services; and
- (iv) Delegated authority to the Corporate Director of Adult and Community Services in consultation with the Cabinet Member for Adult Social Care and Health, Divisional Director of Legal Services, Chief Finance Officer, and partners through the Carers Strategy Group and Joint Executive Management Group for the Better Care Fund, to proceed to tender for carers’ support services for April 2016 onwards, in line with the intentions set out in the Carers’ Strategy.

107. Arrangements for Advocacy Provision in 2015/16 and Future Years

Ian Winter CBE, Care Act Programme Lead, presented the report, which explained that the Care Act states that an independent advocate must be appointed to support and represent a person for the purpose of assisting their involvement in the care and support process where a person had substantial difficulty in being involved and had no appropriate individual to support them. Ian Winter stressed the difference between general advocacy support and the more specific issues for those who would have communication difficulties.

Ian Winter explained that the report set out the interim service provision for the first twelve months and the future from 2016 and how this would enable an understanding of service

need and mechanisms to be put into place as well as the correct training to be undertaken in the market place. The interim arrangements would also be monitored.

The Chair advised that both colleges in the Borough had been approached and Barking and Dagenham Adult College had already responded that it would be looking into provision of training.

In response to a question from Helen Jenner, Corporate Director of Children's Services, Ian Winter CBE, Care Act Programme Lead, advised that further discussions were to be held with Children's Services in due course on the statutory children's mental health act advocacy needs.

The Board:

- (i) Noted that the current advocacy services would be extended for one year and brought up to 'Care Act compliance' from 1 April 2015 to enable the Council to achieve an interim position to comply with the requirements of the Care Act over the next 12 months and a review of services to ensure a longer term approach which will meet local need as required and ensure full Care Act compliance.
- (ii) Requested a report to the December Health and Wellbeing Board meeting on:
 - (a) The use of individual advocacy covering the first six months of the extended service; and,
 - (b) The options for a revised service approach from 1 April 2016.

108. Information and Advice Plan for Adult Social Care and Support

Karen West-Whyllie, Group Manager-Learning Disabilities, LBBD, presented the report on the Barking and Dagenham's statutory duty under the Care Act 2014 to provide high quality information to the local population, whether they were in need of services or not at the moment, and the strategic approach to meeting those requirements. The Plan covered Council provided and commissioned information as well as advice and signposting to other local and national sources of information.

Karen West-Whyllie drew the Board's attention to the details in the report and the proposed priorities and also explained that a response to enquiries could no longer be the provision of general fact sheets but would require a letter with advice tailored to the individual's needs. In addition, from April 2016 advice about the financial aspects of care and support would also be required.

Councillor Carpenter queried the accuracy of the figures of people with mental health problems, on page 91 of the agenda, as they seemed rather low. Anne Bristow, Corporate Director of Adult and Community Services, felt that the figures may be those with significant mental health problems, rather than less acute or short-term issues, such as low level anxiety. The Chair asked NELFT for clarification and Jacqui Van Rossum advised that the service user figures were not those she recognised and also felt they could be higher and she would work with Mike Tyson to ensure these were correct.

Anne Bristow informed the Board of a cross London information initiative that was being investigated at the current time which might provide a digital solution, backed by trained people, and could also be cost effective.

The Chair commented that there was also a need to support and those with lower categories of mental health needs. Matthew Cole, Director of Public Health advised that The Maples needs assessment would be completed shortly, and the details could be fed into the Plan.

Ian Winter and Anne Bristow suggested that GPs and other health professional may find the information hub of particular use as the details will be up-to-date, in one place, well indexed and easily understandable. The hub could be accessed from the Council's webpage. All partners were reminded to report any contact changes etc or problems they encounter so that alterations could be made and to ensure that it seen as a reliable central information point.

The Chair commented that it was important for all the communication teams to make sure that all the links worked and linked together and took people to the information they needed.

Having considered the report and discussed the Information and Advice Plan, which had been developed to provide a strategic approach to meeting the requirements of the Care Act 2014 in relation to providing information and advice, the Board:

- (i) Agreed the priorities:
 - a) Ensure there is a comprehensive range of information and advice about care and support available locally.
 - b) Ensure all digital and face-to-face information and advice is accurate, up-to-date, easy to understand, and consistent with other sources of information
 - c) To offer tailored information and advice about care and support (in a variety of formats) whenever possible to help individuals understand their range of options.
 - d) To work with key information and advice providers from all sectors to improve the co-ordination of information and advice locally.
 - e) To develop and promote the Care and Support Hub as the Borough's web based local directory.
 - f) To transform information and advice provision in line with the Council's 'digital by design' approach to ensure quick, efficient and localised signposting.
- (ii) Noted and supported the Action Plan for 2015/16, attached as Appendix 4 to the report, which provided details of the key activities during the coming year to deliver those priorities.

109. Care Act 2016 - Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support

Ian Winter CBE, Care Act Programme Lead, presented the report on the consultation being undertaken by the Department of Health on the changes of the Care Act that would come into effect in April 2016. The consultation was in two parts, the first sought stakeholders' views on funding issues and the guidance that would introduce the cap on care costs and the second part was on an appeals policy and process. This consultation would close on the 30 March 2015 and a draft response from the Council had been set out in Appendix 1 to the report.

Connor Burke, Chief Accountable Officer, Barking and Dagenham, Clinical Commissioning Group, raised concern about the how we could explain the complexity of the changes and financial implications to people. Anne Bristow commented on the risk of the pension changes to future care financing and that it was expected that pension drawdown deposited in a bank may not be looked at as a weekly pension but as a capital sum that could fund care and therefore could affect an individual's weekly income. Anne Bristow stressed that it was important for people to get their own professional financial advice, especially around pensions. Ian Winter responded that the due to the number of changes in April 2016 it was intended to produce a short guide or prompt cards for staff but this would be progressed once the changes have settled down and the further guidance, due to be issued in November, was received.

Helen Jenner, asked if there was a need to obtain clarification around the working age adults especially those who, for various reasons, may not have obtained access to services before age 25. Ian Winter advised that his understanding was that there is no retrospective award, however he accepted Helen Jenner's point that there could be a test of that in court in the future and that the request for clarification should be part of the response. Helen Jenner added that the changes may result in a rush for assessment for under 25s not identified so far.

Having received the report on the consultation and discussed the proposed response of the Council, as set out in the report and in particular Appendix 1, the Board:

- (i) Noted the consultation closed on 30 March 2015.
- (ii) Agreed that a request for clarification around the working age adults pre age 25 should be included in the response.
- (ii) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Cabinet Member for Adult Social Care and Health, to finalise the consultation response based upon Appendix 1 to the report.

110. Director of Public Health Annual Report

Matthew Cole, Director of Public Health, presented the Public Health Annual report, which was a statutory requirement under the provision of the Health and Social Care Act 20102. The report provided an assessment of the health of the

population and a focus on some priorities areas where the Council and its partners could either individually or collectively consider where more needs to be done to realise health gain. Matthew Cole drew the Board's attention to the contents of the report and five particular areas he had considered as set out in Chapters 1 to 5.

Frances Carroll, Healthwatch Barking and Dagenham, drew the Boards attention to the number of school nurses and how the number of School Nurses would need to be reviewed as the 0-5 cohort move up through the years. Helen Jenner confirmed that we not have enough school nurses to meet demand in the a few years time. Kenny Gibson Head of Early Years, Immunisations & Military Health NHS England (London Region), advised that NHS England were looking at the numbers of school nurses needed both in the shorter term and projected for the future and it may be that there would be a need for less Health Visitors and more School Nurses and training would need to be geared up to match the projections.

Helen Jenner commented that she was surprised that Child Sex Exploitation had not been included. Matthew Cole responded that he had not covered it in his five areas this year but it would be included next year.

Francis Carroll drew the Board's attention to page 130 and asked what could be done about high strength alcohol and beers and the amount people congregating around the front of Barking Station and drinking and smoking. Matthew Cole responded that the chapter looked at what we can do as a local authority and the only extra option would be a voluntary code on shopkeepers not selling extra strength beers etc. Voluntary codes have had a positive effect in places like Ipswich both on street and in A&E hospital admissions. However, there was often resistance to a voluntary code by smaller shopkeepers. Chief Superintendent Sultan Taylor, Borough Commander Barking and Dagenham, said that he was happy to work with the Council and its partners to drive forward such initiatives.

The Chair commented that the Health and Wellbeing Strategy and commissioning intentions needed to ensure that all the actions are brought together so that we were all doing what we could to have a significant improvement in the lives and life chances of residents. The Chair added that the Public Health Annual Report provided a timely reminder, which would enable partners to take on board the issues in commissioning plans and intentions.

Matthew Cole advised on the work that had been undertaken to develop smoking and alcohol reduction actions and that the Council had been leading the way, in conjunction with the police, to identifying hot spots where excessive or on-street alcohol consumption was related to related crime. It was hoped that neighbouring boroughs may join the initiative.

Dr Nadeem Moghal, Medical Director, BHRUT, gave an update on cancer screening rates and initiatives and the work that was being undertaken with the CCG to encourage patients to present earlier for investigations. Dr Moghal advised that the whole of the BHRUT estate was now smoking free and he was personally challenging people who he saw smoking on the sites.

The Chair reminded all that they were each expected to make a pledge about what they were going to do over the next year to make their health better. The Chair asked that they take the idea of the pledge back to their own organisations and encourage their staff to participate as well.

Frances Carroll drew the Board's attention to page 132 of the agenda and asked if there were any specific actions in regards to air pollution. Matthew Cole explained the role of Environmental Health Team and the Regeneration Division.

Having received and discussed the Director of Public Health's Annual report the Board:

- (i) Noted and commented, as shown above, on the observations of the Director of Public Health in his Annual Report.
- (ii) Noted the Director of Public Health Annual Report would be used to inform future iterations of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- (iii) Noted Child Sexual Exploitation would be included in next year's Annual Health Annual Report.

111. Pharmaceutical Needs Assessment for Barking and Dagenham 2015

Matthew Cole, Director of Public Health, presented the report and advised that the Pharmaceutical Needs Assessment (PNA) review was a statutory requirement and was undertaken every three years. The PNA provided an assessment of the local need for pharmaceutical services and on this occasion there was no need to make any changes.

Councillor Carpenter raised the current coverage in the media about the potential for pharmacies being sited within GP surgeries and the provision and also the quality of the facilities within pharmacy shops to enable confidential discussions to be held. Matthew Cole advised that pharmacies providing services such as smoking cessation and emergency contraception do require a private area to be available for consultations. However, these may not always be very large rooms in some shops.

Dr Mohi explained that the commissioning of pharmaceutical provision was the responsibility NHS England.

Councillor Carpenter said that overall there was a good level of service from pharmacies but felt the question could have been included for the public to comment on the provision and quality of consultation rooms in the pharmacies.

It was expected that the incoming CQC accreditation of pharmacies would be defining what constitutes an acceptable room size for consultation.

Conor Burke commented that the PNA was a statutory requirement that was a process we used to inform commissioning but we could still use pharmacies and the Health and Wellbeing Strategy to look at how we can do things differently in the future.

Helen Jenner commented that she would have like to have seen the young inspectors used and their views sought more on pharmacies. Matthew Cole agreed to take this on board.

The Chair commented that 91% of pharmacy users say the service they received was good or above. There was also good local coverage.

Francis Carroll asked about pharmacist availability to support the GP out-of-hours service and the GP hubs, for example at Barking Hospital, so that the patients do not have a delay in getting their prescriptions filled. Anne Bristow explained that there were duty pharmacist arrangements. Dr Mohi advised that both the GP hubs and the GP home visiting services prescribe and they do have medications at hand for immediate dispensing if they deemed it necessary.

Having received and discussed the report and PNA, the Board:

- (i) Noted the consultation results and findings:
 - a) Barking and Dagenham HWB had 38 community pharmacies;
 - b) This equated to about 19.6 community pharmacies per 100,000 population - which was lower than the average for London (22.3/100,000) and England (21.7/100,000);
 - c) Of these community pharmacies, 79% were open weekday evenings, 97% were open on Saturdays, and 18% were open on Sundays;
 - d) Half of the pharmacies in Barking and Dagenham were owned by independents, compared to 39% nationally;
 - e) From a pharmacy user survey taken in the autumn last year (480 responses) 91% rated the service received from pharmacies in Barking and Dagenham as good or excellent; 82% indicated that they did not have a preferred pharmacy they used; 85% said the ease of obtaining medicines was good or excellent; 71% said their journey time to a pharmacy was no more than 10 minutes;
 - f) Pharmacies in Barking and Dagenham are commissioned to provide services on behalf of NHS England, Barking and Dagenham CCG, and Barking and Dagenham Council;
 - g) The Pharmaceutical Needs Assessment did not find any gap in provision or access to services provided from community pharmacies in Barking and Dagenham, either now or in the next 3 years;
 - h) The work that was being undertaken to enable finalisation by 1 April 2015; and,
- (ii) Agreed the Pharmaceutical Needs Assessment (PNA), as set out in the Appendix 3 of the report.

112. The provision of a Section 75 Agreement for the Better Care Fund between the Council and Barking and Dagenham's Clinical Commissioning Group

Glynis Rogers, Divisional Director Community Safety and Public Protection, LBBD, presented the report on the provision of a Section 75 Agreement between the Council and the Barking and Dagenham's Clinical Commissioning Group (CCG) for the

Better Care Fund, which aims to provide pooled fund arrangements that would transform local commissioning and services to provide improved integrated care and support and so improve local outcomes.

The Better Care Fund was set to deliver from 1 April and the Section 75 Agreement would regularise the performance and financial management. Whilst the Section 75 Agreement is for one year, it did allow for extension for a further period.

The CCG was expected to ratify the Section 75 Agreement at its meeting on 23 March 2015.

In response to a question from Connor Burke, it was noted that the Corporate Director of Adult and Community Services would not sign on behalf of all the partners but would sign on behalf of the Council and partners would sign on behalf of their organisations.

Having received the report and discussed the issue, the Board:

- (i) Noted the Barking and Dagenham, Clinical Commissioning Group (CCG) Governing Body would be considering the same authorisation to enter into the agreement on 23 March 2015; and,
- (ii) Delegated authority to the Corporate Director of Adult and Community Services, acting on advice from the Divisional Director of Legal and Democratic Services and the Chief Finance Officer, to enter into the Section 75 Agreement for the Better Care Fund on behalf of the Council, as set out in the report.

113. Section 75 Arrangements for the Provision of Learning Disability Services

Glynis Rogers, Divisional Director Community Safety and Public Protection, LBBD, presented the report on the provision of a Section 75 Agreement for the Provision of Learning Disability Services.

One of the recommendations of the Winterbourne View concordat was that local authorities and health partners put joint and collaborative commissioning arrangements into place. The Board had been provided with reports in March and September 2014 on the intentions for the Section 75 Agreement for learning disabilities. The Section 75 Agreement before the Board set out the provision of an integrated Community Learning Disability Team, which would bring together the services provided by North East London NHS Foundation Trust (NELFT) and the Council. The full details were set out in the report on how that would be achieved on a practical level, including workforce structure and staffing, monitoring and the operational group membership, outstanding issues.

The Council would be the 'host' organisation and the agreement would be effective for a term of three years from its commencement date, with the option to extend for a further two years.

It was noted that Jacqui Van Rossum had delegated responsibility to sign the agreement and it did not need to go to the NELFT Board.

Having received and discussed the report, the Board:

- (i) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer and the Director for Legal and Democratic Services, to finalise terms and enter into Section 75 Agreements with North East London NHS Foundation Trust for the provision of the integrated learning disability service.

114. Procurement Plan and Commissioning Intentions 2015/16

(The Chair agreed that this item could be considered at the meeting as a matter of urgency under the provisions of Section 100B(4)(b) of the Local Government Act 1972.)

Matthew Cole, Director of Public Health, presented the commissioning intentions for 2015/16. Matthew explained the priorities and strategic framework for commissioning and advised there was also a requirement in the Council's Constitution that the Board was made aware of contracts Board might be asked to let over £500,000 during 2015/16. Children's health services contracts would be reported through the Council's Cabinet.

The Chair commented that this report would enable partners to double check and challenge how we deliver and if we should be undertaking delivery in a different way, as well as the specifications that would be used in commissioning. Anne Bristow added this also flagged-up in one document what each partners would be doing ahead of the financial year and where there might be further opportunities to work together.

Having received the report and discussed the priorities, the Board:

- (i) Agreed the strategic framework for commissioning health and wellbeing programmes for 2015/16, as set out in the report
- (ii) Noted the list of contracts over £500,000 that were due to expire during the financial year, as identified in section 7 and Appendix A of the report.
- (iii) Noted that the next stage was to look at resourced delivery programmes, in respect of what was being done now, what could be stopped or done differently, and what else was needed to make a difference.

115. Barking and Dagenham Clinical Commissioning Group (CCG) Commissioning Plan 2015/16

The Clinical Commissioning Group Barking and Dagenham (CCG) presented the report which gave an indication of the CCG's local requirements and how those fitted into the wider context. The Boards attention was drawn to the work that had been undertaken by the Sub-Groups of the Board in ensuring that the delivery plans of the various partners converge and would be achieved.

The Chair commented that the working relationships had matured between the partners and they were now able to participate in full and frank discussion and to embrace partnership working and different methods of working.

The Board were shown a short video of a stakeholder event that had been held on the 12 January 2015 and it was explained how different media had and would be used to engage the public in consultation and feedback on service delivery.

Chief Superintendant Sultan Taylor commented that he would be happy for his teams to participate and engage in events, especially public facing events. Anne Bristow thanked the Chief Superintendant for the offer and the officers would contact him in regards to the various events that are coming up in 2015.

Dr Mohi stressed that the CCG were now focusing on what patients need and want and not what suits individual organisations.

Having received the report and considered the information, including the development of the CCG commissioning plan for 2015/16, the information in the national NHS planning requirements set out in "The Forwards View into Action: Planning for 2015/16", the CCG operating plan submission and the feedback from the stakeholder engagement session held on 21 January 2015, the Board:

- (i) Noted and supported the CCG commissioning plan 2015/16 update and alignment to the Health and Wellbeing Strategy.

116. Update on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service and Family Nurse Partnership Programme from NHS England to London Borough of Barking and Dagenham.

Matthew Cole, Director of Public Health and Kenny Gibson Head of Early Years, Immunisations & Military Health NHS England (London Region) jointly presented the report.

Matthew Cole advised that the original bid put to NHS England had been for £369,000 however they had only agreed to meet 55% of that bid, however that £202,950 (£405,900 full year effect) would take the allocation to circa £5.2m per annum. Matthew Cole indicated that it was his view that this was the best deal that we could obtain at present. Helen Jenner agreed but added that we still needed to keep lobbying because of the growth needs of the Borough and the decision had been based upon data that was two years old.

Matthew Cole indicated that due diligence was needed in regards to service plans and they needed to be focused upon the priority areas.

Kenny Gibson explained the process of moving 0-5 services to the boroughs had been complex and drew the Board's attention to page 466 of the agenda and particularly paragraph 3.4. The model used to set out the transfer terms was two years old and was not near the contemporary status, especially when families are moving into the area to benefit from the lower housing costs. ACRA would be undertaking a needs assessment to realign where young families and children are actually located. Kenny Gibson confirmed that NHS England would not provide any further resources and was not in a position to offer additional funding, over-and-above, that which has already been allocated by the DH Allocation process and DH Floor Adjustment.

The Board wished to place on record its appreciation to all involved in the work in transferring the services.

The Chair commented that we would continue to lobby because of the speed of change and increase in child numbers in the borough. The Chair said that she would recommend that we sign the transfer agreement.

Having received the update on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service and Family Nurse Partnership Programme from NHS England to London Borough of Barking and Dagenham, the Board

- (i) Noted the contract position in principal for the transition for the 0-5 commissioning arrangements and that a further report will be presented on this issue in due course.
- (ii) Noted the additional £202,950 funding which had been agreed.
- (iii) Agreed to formally accept /sign the transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service and Family Nurse Partnership Programme from NHS England to London Borough of Barking and Dagenham.

117. Systems Resilience Group - Update

Connor Burke, Chief Accountable Officer, Barking and Dagenham, Clinical Commissioning Group presented the report and stressed the incredible value that the Joint Assessment and Discharge (JAD) had played in operational resilience and that rate was now the best in the country and was this week down to one across the three sites. Planning work was now starting on the Easter impact. The Chair commended on the work and positive results that were being achieved. Dr Mohi stressed that the new system wide way of working was clearly having results and was making responsibility for decisions clearer and actions swifter.

Conor Burke advised that a CQC inspection of King George and Queen's Hospitals had taken place during 2 to 6 March. Significant improvement had occurred since the previous Inspection and it was hoped that the March 2015 Inspection report would be positive.

Conor advised that Barts Health Trust had been put into special measures today and he would send a briefing note to the partners.

The Board

- (i) Received the report from the Systems Resilience Group, which had noted that the Joint Assessment and Discharge (JAD) had played a key part in operational resilience over the winter period and that discharges supported by the JAD had averaged 100 people a week, and that was consistently exceeding the target agreed for the JAD as part of a series of other programmes, for avoidable admissions into acute care. Funding provided through operational resilience planning had enabled a level of activity that would otherwise be unsustainable for Social Care Budgets.

- (ii) The Mental Health Sub Group had further developed the sub group work plan and also reviewed the B&D Mental Health Crisis Concordat draft Action Plan, for submission on 31 March 2015.

118. Sub-Group Reports

Noted update reports from:

- (i) Mental Health Sub-Group
- (iii) Learning Disability Partnership Board

119. Chair's Report

The Board noted the Chair's report, which provided information on a number of events / issues:

- (i) **A&E Performance at BHRUT**
The performance for the 4 hour target for the week ending 22 February had met the national standard of 95%.
- (ii) **BHRUT CQC Inspection**
This had taken place at King George's and Queens Hospitals during 2 to 6 March.
- (iii) **Changes at Barts Health NHS Trust**
The deficit was now being forecast at £93m. There had also been retirements and resignations at senior level. The Trust had now also been placed into special measures on 17 March 2016.
- (iv) **Tobacco Control Statement of Support**
BHRUT had recently signed up to the Local Government Declaration on Tobacco Control.
- (v) **GP Hub**
The Barking and Dagenham pilot scheme would finish at the end of March 2015. The GP access hub at Barking Community Hospital opened in January 2015 and was working well. There were also plans for increased opening hours and it also was hoped to identify a site for a second hub in Dagenham.
- (vi) **NHS Staff Survey and Summary of Key Results**
- (vii) **Guidance on New Mental Health Standards**
- (viii) **London Calling for GPs – report launch**
- (ix) **Care Act 2014 – 14 days to go!**
- (x) **Learning Disability Self Assessment Framework**
- (xi) **Dates for Diary - Health and Wellbeing Board Development Afternoon:**

Thursday, 16 April 2015, 2.00p.m. to 6.00p.m. at Eastbury Manor House, Barking.

(xii) **Teenage Pregnancy Rates**

The Chair advised that she would be commissioning, within the next week or so, a specific piece of work that would look at what is different about this borough to ensure that we target and commission correctly for the future and to identify what we need to do differently.

Helen Jenner welcomed this and commented that LBBD do the same as other boroughs but for some reason the effects in reducing teenage pregnancy rates were not the same as in other boroughs. This would enable us to drill down as to why we were not achieving the same impact as other boroughs.

120. Forward Plan

The Board

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and there had been some changes and items added since the publication of the agenda; and,
- (ii) Noted any new items / changes must be provided to Democratic Services by no later than 6.00p.m, on 8 April 2015 for them to be considered at the 12 May 2015 meeting or later.