

MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 8 December 2015
(6:00 - 8:15 pm)

Present: Dr Waseem Mohi (Deputy Chair in the Chair), Anne Bristow, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Dr Andy Heeps, Helen Jenner, Marie Kearns, Chief Superintendent Sultan Taylor, Cllr Bill Turner and Jacqui Van Rossum, Russ Platt

Also Present: Terry Williams

Apologies: Cllr Maureen Worby, John Atherton, Dr Nadeem Moghal and Frances Carroll, Councillor Keller, Councillor Chand, Sarah Baker

42. Declaration of Members' Interests

There were no declarations of interest.

43. Minutes - 20 October 2015

The minutes of the meeting held on 20 October 2015 were confirmed as correct.

44. Local Account 2014/15

The Local Account 2014/15 was the Council's statement about the quality of social care services in the Borough over 2014/15 and its way of being accountable to the local community and services users. The Local Account also provided the basis for discussion about the quality and future development of social care services. It had been decided for 2014/15 to present the Local Account information through a film rather than the more traditional paper based documents.

The film, which had been played immediately prior to the meeting, provided an insight into the services from a service user perspective. The film also covered the changes that had occurred and these had included, personal budgets, dementia care, education, training, volunteer placement work, residential and end of life care provision, carers' support, removing individual isolation and providing social contact as well as projected demands for the near future. The film was already on the LBBD u-tube and sections of the film would also be taken to separate / targeted audiences.

The Board noted the partnership working, which had included the Joint Assessment and Discharge (JAD) service that had resulted in several hundred competently handled discharges from hospital. The Board also noted that further work was being undertaken by North East London Foundation Trust (NELFT) and Barking and Dagenham Clinical Commissioning Group (CCG) in regards to mental health.

The Chair thanked everybody involved in the making of the film and in the successful 2014/15 year.

Board Members were supportive of the novel use of a film in presenting the Local Account to the public and stakeholders and the Chair thanked everybody involved in its making.

The Board noted the Local Account 2014/15.

45. Addiction to Medicines

Sonia Drozd, Strategic Managers, Substance Misuse, and Jill Williams, Shared Care Coordinator, jointly presented the report and explained that addiction to medicine (ATM) was the dependence on prescription and / or over-the-counter drugs that were not needed for pain control. Medication dependence could impact on health, mental wellbeing or result in overdose and could also produce risk for the community, for example through people driving whilst drowsy. The point was made regarding a lack of data, both locally and nationally, in terms of the number of people with ATM and of the level of their addiction.

Barking and Dagenham was one of Public Health England's pilot sites for addressing the issue of ATM. The aims of the pilot were to identify the number of people affected locally and where they were obtaining the medication from, raising awareness amongst primary care and health professionals of medication addiction and prescribing issues, delivery of better support to patients and to monitor the effectiveness of the treatment pathway.

It was noted that not all those affected or seeking support would present themselves to the Substance Misuse Team and many could be obtaining support elsewhere, for example through GP surgeries.

The Board also discussed its concerns around the addiction to non opiate based pain control medication, such as paracetamol and ibuprofen, and noted that the pilot would initially concentrate on the opiate based products.

The Board:

- (i) Noted the report;
- (ii) Noted that a further report would be presented to the Board in early 2017 on the outcome of the Public Health England pilot; and
- (iii) Requested that an interim report be presented to the Substance Abuse Sub-Group to give an indication of the number of people addicted to over-the-counter opiate based medication in the Borough and also if any data was emerging in regard to the prevalence of addiction to non opiate based pain relief medication, such as paracetamol and ibuprofen.

46. Barking & Dagenham Clinical Commissioning Group (CCG) Commissioning Intentions

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and advised that the CCG refreshed its plans on an annual basis to take into account changes to local needs and their annual financial allocation. The CCG were currently in the business planning cycle and this included engagement with their Partners. Whilst the CCG had still not received guidance from NHS

England, it was looking towards a longer-term approach and the transformation of services over the next three to five years. Sharon outlined the CCG intentions, which would need to take into account a number of factors, these included the 'Right Care Programme' and continuation of the Better Care Fund plan. Mental Health continued to be a priority with a new focus on child and adolescent mental health services and eating disorder services. CCG plans included addressing the needs of vulnerable children. A review of paediatric therapy services was being undertaken to inform the commissioning of services for children with a special educational need and disabilities (SEND). Cancer was a key priority and a themed discussion on this was planned for the 26 January 2016 Board meeting. The CCG was also committed to the transformation of primary care services and was planning a workshop for members in January 2016. Other commissioning intentions included increasing the utilisation of Barking Birthing Centre, antenatal care, stroke care and pathways.

Councillor Turner asked if the CCG would be investing in paediatric speech and language therapy services (SALT) as recommended in the Healthwatch review. Sharon confirmed that CCG investment was subject to a business case being approved by the CCG Governing Body and this would be informed by the review.

Councillor Carpenter asked what changes had been made to improve early intervention in psychosis. Sharon confirmed that the CCG had made additional investment in the service and was working with NELFT to develop and review the services provided by them including, increasing capacity, changes following NICE guidelines revisions, and improved information and treatment pathways.

The Board discussed the points within Sir Stephen Bubb's Report (Chapter 2), which related to a 'radical prevention' in the health agenda and how that could be made clearer in commissioning. The CCG confirmed that it would consider this when the national planning guidance was received from NHS England.

Helen Jenner, Director of Children's Services, raise the issue of SEND children and how the Ofsted Inspections and the children and their families needed to be taken into account, Sharon confirmed that issues such as therapy and specific local needs would be fed into the CCG Strategies. It was noted that consultation would need to be undertaken with children and young people to get their feedback and views on the services provided for them.

Steve Norman, Barking and Dagenham Borough Commander, London Fire Brigade (LFB), raised the issue of fire risk for vulnerable people. The highest risk of fire incidents were known to occur to those with mobility problems or dementia and particularly those that smoked. Discussion was held in regard to adding fire risk and prevention as a consideration by partners to their processes and how this could be achieved locally.

The Board noted:

- (i) That guidance from NHS England was anticipated at the end of December 2015 and the decision on funding allocation was also awaited;
- (ii) The CCG preparation and intentions in regards to planning headlines and commissioning priorities for 2016/17, including urgent and emergency care, planned care, mental health children and young people, maternity, primary

care transformation programme, integrated care, cancer and stroke pathways;

- (iii) The potential for a radically different prevention agenda being part of the CCG consultation and commissioning;
- (iv) That there was discussion at the 20 October Board meeting in regards to additional resources for children's speech and language therapy (SALT) and reminded the CCG of this discussion; and
- (iv) The suggestion from the LFB that all partners should, as part of their procedures, consider fire risk for individual clients and put appropriate prevention measures into place and agreed that this issue be this subject of a report to a future meeting.

47. NHS England Commissioning Intentions

Russ Platt, Head of Engagement Delivery, NHS England, gave a presentation on his organisation's initial intentions, which had been released on 30 September 2015. As part of the presentation the Board's attention was drawn to a number of issues including changes to antenatal and new born screening, immunisation programmes particularly for meningitis and influenza, adult and cancer screening and concern over the cervical screening rates dropping, the recommendations from the national taskforce on pan London cancer care, healthcare of people in custody or leaving prison, trauma and neuro-rehabilitation, blood services and infections including HIV and Hepatitis, work with Havens Paediatric Sexual Assault Referral Service and pathways to children's services, working with the CCGs to develop and improve the pathways and access for mental health patients particularly for children and adolescents and reducing avoidable admissions.

Russ advised that John Atherton and his team were leading on the linked provision across London and that the CCG commission process would make sure that the plans were coordinated. NHS England had now issued their intention for service provision for the 'here and now', which included winter pressures, and also for their strategic longer-term plans.

Matthew Cole, Director of Public Health, raised the issue of the Paediatric Intensive Care Beds review which had indicated that it was not appropriate for children to be in adult intensive care wards and asked about the implementation of those recommendations. Russ agreed to investigate the current position and report and back to the Board in due course.

The Board noted:

- (i) The NHS England (London) draft commissioning intentions for 2016/17 and the work that would be done to co-ordinate the various service areas;
- (ii) How NHS England would ensure the delivery of day-to-day services and their strategic long-term plans through the use of commissioning and contractual means; and
- (iii) That NHS England would review and report back on Paediatric Intensive Care beds and children being in adult intensive care wards.

48. Draft Homelessness Strategy 2016/21

This item was withdrawn to enable the consultation period to be extended. It was expected that a revised report would be ready for the 26 January 2016 meeting.

49. Revisions to the Care and Support Charging Policy

Ian Winter, Care Act Programme Lead, presented the report and explained how the Care Act 2014 had set out a single legal framework for charging users and carers for their care and support and allowed the Council to set and maintain a charging policy, within set levels of discretion, and accordingly apply charges.

The Board noted that LBBD Cabinet, at its meeting held on 10 November 2015, had agreed to consult on proposed revisions to the Council's Care and Support Charging Policy as well as plans to introduce a scheme whereby a legal charge would, in certain circumstances, be placed on a property that had undergone adaptations funded from the Council's Disabled Facilities Grant scheme. In respect of the latter, Ian Winter advised that the law currently allowed between £5,000 and £10,000 to be taken as a charge against a property if it was sold within 10 years. This could be ring-fenced and reused for future disabled adoptions. Comments arising from the consultation would be presented to the Cabinet so it could make the final decision.

With regard to the proposed revisions to the Council's Care and Support Charging Policy, Ian Winter also explained the standard rate, how the very real day-to-day costs such as additional washing or travel costs would be considered and that to undertake individual calculations each time would be costly and time consuming. He also referred to allowance levels and the proposed appeals process.

The Board supported the consultation and noted that an update report would be presented in due course.

50. Better Care Fund Progress Report

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and gave an outline of the progress on 11 Better Care Fund (BCF) schemes, work that was being undertaken to align with services locally and integrated case management.

The Board considered a number of points, including:

- The progress on the Joint Assessment Discharge (JAD) Unit and noted that this was now operating seven day working and the hosting arrangements had been completed.
- One of the key performance monitors was the re-admissions to hospital rates and currently this was 680 above plan: although it was felt that there may be an element of double counting in ambulatory care. The national reduction in readmissions target had been 3.0% but a 2.5% target had been agreed by the Board earlier in the year. However, the 2.5% reduction in re-admissions rate had not been achieved locally and as a result there would be financial penalties

in the order of £710,000 for the CCG, which would partly be off-set by £330,000 that had been carried forward from last year. The CCG and Council would be undertaking an analysis as to why the 2.5% target was not achieved and in particular what was driving the re-admission rates up for the 40 to 60 age group. Work was being undertaken with GPs to produce care plans that would reduce the number of emergency re-admissions.

- It was noted that winter pressures also had an impact on the admissions to residential care figures.
- The injury from falls target had improved during 2013/14 but performance in the first quarter had dipped slightly, therefore, this area was being monitored closely.
- There were difficulties in achieving targets when the 'goal posts' were changed by the Government / NHS England during the period.

The Board:

- (i) Noted the latest information on delivery of the Better Care Fund, as set out in the report, and the steps that were being taken to address underperformance;
- (ii) Noted the proposed continuation of the Better Care Fund into 2016/17 and that, on behalf of the Board, the Joint Executive Management Committee would be considering the approach to the Better Care Fund refresh for the next year; and
- (iii) Requested a report in March or April 2016 to update the Board on performance levels and to inform any necessary actions by Partners.

51. Accountable Care Organisation and Spending Review Update

Conor Burke, Chief Accountable Officer, Barking and Dagenham CCG, reminded the Board that with its support BHRUT had put itself forward as a pilot Accountable Care Organisation (ACO), which if successful could attract £2b investment across the three council areas and would also bring eight organisations together into one entity. An overview of the approach by the Integrated Care Coalition was set out in Appendix A to the report.

Conor advised that it was expected that NHS England would announce within the next few weeks whether it had agreed to the principle of the proposed pilot ACO and to the business case being developed further. As part of the early preparations an initial Programme Office had been set up in the Care City offices to develop an outline business case and, subject to the NHS England decision, this would be developed further in the New Year.

If and when approval was given by NHS England to progress the ACO pilot, there would be extensive consultation to develop the case for change. It was also noted that devolution could cover a larger area than the three BHRUT boroughs and was not contrary to the Vanguard Programme.

The Board noted:

- (i) The current position in regards to the bid to set up a potential pilot Accountable Care Organisation and that a programme management office had been set up in Care City to develop an outline business case in preparation for the decision in the New Year; and
- (ii) If the bid was successful, there would be extensive consultation undertaken on the case for change and development of the ACO.

52. Barking and Dagenham Safeguarding Children Board Annual Report 2014/15

Helen Jenner, Corporate Director of Children's Services presented the report to the Board and pointed out the significance of it being the first Local Safeguarding Children Board (LSCB) annual report that was a Partnership report, rather than a Council only report. The purpose of the annual report was to provide a rigorous and transparent assessment of the effectiveness of child safeguarding and promotion of children's Welfare in the local area.

Helen explained that the annual report was set out in five chapters and covered key conclusions reached by the LSCB, which included an assessment of how well children and young people were safeguarded, the level of need and useful demographic information, significant developments that had taken place within partner agencies during the year, the statutory functions of the LSCB, how the LSCB operated in the Borough and the work it had undertaken during 2014/15. The Board's attention was specifically drawn to priority groups of vulnerable children and young people, which included children subject to, or at risk of sexual exploitation, children affected by domestic violence, privately fostered children or missing children as well as the Prevent agenda and the LSCB's work to safeguarded those groups. The report also set out the priorities for 2015/18.

The Board noted:

- (i) The Barking and Dagenham Safeguarding Children Board Annual Report 2014/15 was a partnership report and the strength of the partnership was better reflected in the report this year than previously;
- (ii) The maturity of the partnership was clearly underpinning the five priorities, the capacity to learn from Case Reviews, the sharing of information and challenge and joint work on aspects such as Prevent and Child Sexual Exploitation; and
- (iii) Partners were recognising of the need to improve prevention and early intervention support across the partnership to reduce families going into crisis and to drive down the need for safeguarding and children being taken into care.

53. Barking and Dagenham Safeguarding Adults Board Annual Report 2014/15

Glynis Rogers, Lead Divisional Director, Adult and Community Services, presented the annual report of the Safeguarding Adults Board (SAB) and explained that this was the first annual report of the SAB under its new statutory status.

Glynis drew the Board's attention to the report and a number of issues, which included:

- The preparation for Care Act compliance, which had included the complete review of processes and governance.
- Engagement undertaken with Partners and their contributions and activity over the course of 2014/15.
- Training and development sessions, which had included the Care Act and the statutory duty of partnership.
- Production of 'must do' materials, frontline staff training and a single checklist for all partner organisations to help them ensure compliance.
- All key areas, which were statutory requirements, had been achieved.
- The realignment of the SAB, and the work of the Safeguarding Adults Review Group, Learning and Development Group and Performance and Assurance Group.
- Public awareness raising.
- Deprivation of liberty safeguards and the impact of the 'Cheshire West' high court judgement in March 2014.
- Safeguarding performance indicated 1,367 safeguarding alerts had been received and processed, 283 had required further investigations but many of the alerts were in regard to social care support needs.
- The publication of London Safeguarding Adults Policy and Procedures was still awaited.
- Joint Strategic Needs Assessment and Health and Wellbeing Strategy issues.
- There was one Safeguarding Adults Review in progress, the results of which would be reported the SAB and H&WB, as appropriate, in due course.

The Board noted:

- (i) The Barking and Dagenham Safeguarding Adults Board (SAB) Annual Report 2014/15 and that work had included the realignment of the SAB, the complete review of partners' processes and governance, and that statutory requirements had been achieved;
- (ii) The key priorities for 2015/16, which included improved sign posting for reporting adults at potential risk; and
- (iii) There was currently one Safeguarding Review being undertaken and the outcomes or any recommendations from that would be reported to both the SAB and Health and Wellbeing Board in due course.

54. Systems Resilience Group - Update

The Board received the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meetings held on 22 October and 6 November 2015 and a verbal update following the Sub-Group meeting held on 7 December 2015.

The Board noted:

- The marginal increase in the number of people presenting at A&E.
- In July 2015 the A&E performance target had been achieved, which was the first time in four years.
- Noted staffing difficulties were being experienced but that action was being taken to stabilise the position.
- The winter and Christmas pressure plans were being finalised.

55. Sub-Group Reports

The Board noted the reports on the work of the:

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

56. Chair's Report

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

- White Ribbon Day on 25 November 2015, and awareness and fundraising events during November and December 2015.
- Spending Review and Autumn Statement 2015
- News from NHS England on:
 - New quick guides to help services through the winter.
 - Winter messages highlighted at the Annual Self Care Conference in November.
 - Self Care Forum research which had suggested that young people were using A&E to access healthcare.
- Update from Care City
- Urgent and Emergency Care Vanguard Bid

57. Forward Plan

The Board noted the draft Forward Plan.