PRESENT:
Chair: Councillor Naheed Asghar
Board Members: Councillor Grace Williams, Joe McDonnell, Lucy Shomali, Linzi Roberts-Egan and Althea Bart

Officers in Attendance:
- Suzanne Elwick, LBWF, Head of Strategic Partnerships
- John Coker, LBWF, Head of Housing Improvement
- Russell Carter, LBWF Public Health Consultant
- Jon Cox, LBWF Public Health Consultant
- Richard Barker, LBWF, Corporate Director Connecting Communities
- Mark Lobban, WFCCG/LBWF, Corporate Director, Integrated Commissioning
- Cath Scholefield, LBWF, Assistant Director, ASC Operations
- Sue Boon, NELFT NHS Foundation Trust, Integrated Care Director
- Angela Wellings, LBWF, Interim Director of Disability Enablement Service
- John Giffney, LBWF, Head of Provision & Independence Services, Adult Social Care
- Ross Milne, Alzheimer’s Society, Dementia Support Manager
- Catherine Heffernan, Public Health England – London, Principal Advisor for Commissioning Immunisations and Vaccination Services

14. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Khevyn Limbajee (LBWF, Board Member), Councillor Hather Ali (LBWF, Board Member), Dr Tonia Myers (WFCCG, Board Member), Dr Anwar Khan (WFCCG, Board Member), Kim Travis, (LBWF, Head of Litigation and Public Law), Richard Tucker (MPS, Detective Chief Superintendent), David Kilgallon (LBWF, Director of Learning and System Leadership), Selina Douglas (Newham CCG) and Janice Richards (WFCCG).

15. DECLARATIONS OF INTEREST

None declared.
16. MINUTES OF THE PREVIOUS MEETING

The Chair asked for an update on actions taken at the meeting.

Item 5 Action: Suicide Prevention Strategy
Russell Carter stated the action had been completed and results had been fed back to the Suicide Prevention Strategy Steering Group which had recently been re-established.

Item 6 Action: Joint Strategic Needs Assessment (JSNA)
Joe McDonnell stated that JSNA steering group had accepted the Board’s recommendation to include social isolation and loneliness as a separate JSNA Chapter. The scoping process would start in April with an aim to finish later on this year. He also added that a full JSNA update would be on the agenda for the next Board meeting. Joe McDonnell further added that the JSNA website will be going live shortly and would include information on all chapters along with place holder data.

Item 8 – Alcohol & Drugs
Joe McDonnell advised that the action was discussed at the last alcohol and drugs steering group and they had good discussions around improving referrals from Barts Health. It was agreed that psychiatric liaison nurses would be trained on provisional improved substance misuse to make them better aware of the services offered. Mr McDonnell advised that they did not have any representation from primary care and would continue to pursue how they could make more referrals from GPs to the substance misuse service.

The minutes of the meeting held on 12 December 2018 were approved and signed as a correct record.

17. SCORECARD INDICATORS UPDATE

Joe McDonnell, Director of Public Health, introduced the paper and explained that it focuses on red RAG (Red, Amber, and Green) rated indicators. He drew the Board’s attention to indicator 21 (Emergency readmissions within 30 days discharge) as this had not been not raised at previous meetings but was 25% higher than last year. Mark Lobban, WFCCG/LBWF added that this was an indication that they were not doing the best and further investigation was needed.

Decision:
The board:
(a) noted the scorecard;
(b) asked Director of Public Health and WFCCG for a further update on indicator 21.

18. STRATEGIC PRIORITIES: UPDATE ON PROGRESS & PERFORMANCE

End of Life Care:
Jon Cox updated the Board on the end of life services. He stated that the proportion of deaths where people do not choose where they die in Waltham Forest is amongst the highest in London. There are typically around 1,400 deaths in borough annually. 80% of the deaths are accounted for by four causes: cancer; circulatory; respiratory;
and mental/behavioural. The Board noted that the hospital respiratory deaths are increasing whereas there had been a reduction in hospital deaths for cancer, circulatory and behavioural disorders and an increase in deaths in the community. The Board further noted that the work of the End of Life Care Task and Finish Group had concluded and the transfer of outstanding tasks would be passed to the transformation team.

Mr Cox asked the Board to consider a request from Task and Finish Group to build End of Life Care support in the Connecting Community Strategy and that the Council replicate community based social models such as Hackney’s St Joseph’s Hospital.

Althea Bart thanked Mr Cox for attending the Healthwatch Forum and stated that the forum did not feel carers were involved in end of life decisions and Linzi Roberts-Egan expressed concern that no clinical leads were at the Board meeting and was disappointed to learn that carers felt they did not have a voice.

Following a question from Cllr Williams about the report recommendation for involving the Connecting Communities programme, Linzi Roberts-Egan felt the responsibility lay with the Board and the Connecting Communities should only be asked to assist and support in this area as they will have a number of their own objectives.

Alcohol and Drugs:
Suzanne Elwick updated the Board on the recent strategic risk assessment event. The workshop looked at overarching priority on violence exploitation and the work that had already taken place to reduce violence. The Board agreed with Ms. Elwick’s request to develop a plan on how alcohol and drugs would fit with the existing work area.

Mental Wellbeing:
Russell Carter, Public Health Consultant, presented his report which updated the Board on the Mental Wellbeing Task and Finish Group progress and areas that required further development.

- A baseline of mental wellbeing in the borough had been established using Residents Insight Survey Key.
- The ‘Time to Change Hub’ had been established with estimated 75 Time to Change Champions that are trained and active in community.
- The “Who are One in Four?” talk day received good publicity and attendance from borough residents.
- The Council had signed the Time to Change Employers Pledge. This involved developing a short action plan to tackle stigma and support individuals with their own mental health within the workforce. He asked the Board and other members to follow suit and sign the pledge.
- The pan London Digital Mental Wellbeing Service – Good Thinking had been in place for a year. £19k funding had been secured from Public Health for another 3 years
- A schools mental health summit was held on Time to Talk Day in February. 140 pupils from 14 schools across the borough attended and contributed to development of a new schools mental health charter with plans in place launch in later in the year.
Mr Carter also highlighted the next steps as outlined in the report.

Joe McDonnell added that there had been lots of good areas of progress and asked the Board whether it was sufficient in taking advantage of all opportunities or could the council be doing more.

Sue Boon stated that NELFT would welcome the opportunity to be more involved in the group. Althea Bart added that the Forum had given lots of feedback wished to play a role in mental health. She would liaise with Mr Carter outside of the meeting. Lucy Shomali felt there was a role to take health into account when planning for growth in the borough, due to higher density living and the impacts of construction over significant periods of time. Cllr Williams felt it was important to continue to lobby Government for resources and to work in a Think Family way. Mark Lobban commented that focus was needed on preventive support to free up resources used on recovery.

Actions:
The Board
(a) requested an update on strategic priorities on alcohol and drugs
(b) asked that Alastair Finney (Whipps Cross) and Carolyn Doyle (NEFLT, Lead Nurse, End of Life Care) to liaise with Healthwatch on key end of life care issues
(c) requested all partners to sign the Time to Change pledge

Decision
The board:
(a) noted the report;
(b) asked that they be provided with updates

19. BOARD DEVELOPMENT WORK

Joe McDonnell presented the report and outlined the three main changes to the Board’s development work:
1) The new way reports are structured with a three minute presentation by report author leaving more time for discussion and clear actions at the end of each item;
2) Specific systems for the working of HWBB with changes to the scorecard and refreshing the BMG so it was fit for purpose due to declining membership; and
3) Overall process of having HWBB being focussed on priorities and Wicked issues.

The Board also noted that the Terms of Reference needed to be adjusted and the draft would be presented at the next meeting in June for agreement.

Decision
The board:
(a) agreed to the BMG leading on the revision of its terms of reference, based on the focus outlined in the report and that these would be brought to the June 2019 Board;
(b) agreed to the Scorecard being revised to reflect the new terms of reference and that these will be brought to the June 2019 Board (Recommendations 1 and 2).
(c) The Board agreed the revised principles for Board members (Recommendation 10)
(d) The Board approved, in principle, the redevelopment of the BMG structure that will reflect the representation and input required to effectively support the Board (Recommendation 11)

20. DEEP DIVE THEME: RESPIRATORY DISEASE CARE PATHWAYS, AIR QUALITY & SMOKING CESSATION

Jonathan Cox, Public Health Consultant, reported back on the deep dive into respiratory diseases, air quality and smoking cessation presented to the Board in September 2018. The Board noted specific actions those arose from discussion and the progress made against each of the three areas.

The Board also noted the update on partnership and development work that had taken place with the Integrated Respiratory Group and were presented with revised Terms of Reference for approval. The Board further noted the progress made with the JSNA Chapter Respiratory Diseases and the work around Supporting Asthma Care in Waltham Forest Schools.

The Chair asked the Board whether they wished to form a smaller sub group to work on at respiratory disease and address pathways so that they could then report back to main board.

Cllr Williams said this was an important area and a motion would be going to the Council meeting in April on climate change. She felt that there was local data to show the impact on children and noted the work that had been done around schools regarding air quality and anti-idling however more was needed to lobby government to act on the issue.

Linzi Roberts-Egan reminded the Board that this issue was raised by Dr Ken Aswani, at a previous meeting and acknowledged that the Council had prioritised the issue. She asked the CCG whether it should be a priority for the Board and whether it was one of their core priorities.

Mark Lobban stated that one of the CCG priorities are respiratory diseases, asthma, pneumonia and COPD and agreed that a clinical input was needed in deciding whether this was an issue for the Board.

Joe McDonnell added his reasons why it should be priority as the Waltham Forest death rate of respiratory diseases compared to other parts of the country was increasing and it was an area where unplanned emergency admissions and readmission were also increasing resulting in unnecessary spend. He suggested that further discussions should take place at the BMG with CCG clinical lead officers.

Decision:
The Board
(a) Noted progress across each of the three areas: respiratory care pathways; air quality; and smoking cessation
Agreed the refreshed Integrated Respiratory Group Terms of reference
Noted the scope of Respiratory Disease Chapter of the JSNA
Considered the strategic direction for the work

Action – Refer back to BMG to obtain clarity from CCG identify representation on their position and explore whether all members in the partnership have prioritised the areas already identified.

21. DEEP DIVE THEME: DEMENTIA

John Giffney, LBWF, Head of Provision & Independence Services, Adult Social Care supported by Ross Milne, Dementia Support Manager, Alzheimer’s Society presented the report.

The report highlighted the key areas still under development and gave information about making transition pathways for people living with dementia from pre-diagnostic to those that are approaching end of life. The Board noted the development tool had made clear strides in supporting people with dementia and how an integrated pathway would avoid hospital admission and other secondary complaints.

Ross Milne stated that the Alzheimer’s Society had been commissioned by Waltham Forest CCG to provide post diagnostic support for people with dementia to avoid inappropriate hospital admissions as this can shorten their lives and they deteriorate when in hospital. The most common reasons for admission to hospital for people living with dementia are Urinary Tract Infection (UTI), Pneumonia and falls. The Board noted the diagram appended to the report for carers to see warning signs and how to avoid issues such as dehydration. The Board further noted that there had change in trend in hospital admission and re-admission as patients were being treated at home.

Althea Bart added that the report had been well received at the Healthwatch Forum and everyone was eager to find out when the Dementia Hub would be fully operational, they praised the simplicity of the handouts and had asked for further information about the training that would be available.

John Giffney drew that Board’s attention the recommendations of the report. The Board noted that the Dementia Action Alliance had received funding for a co-ordinator role that would be responsible for making communities accessible for people with dementia. The Board noted that the Dementia Strategy would be out for consultation in the near future.

Following comments made about the physical environment of making buildings dementia friendly, Lucy Shomali questioned whether there was a role for the Property Team, in better understanding issues of design and agreed to facilitate a discussion with Director of Property.

Linzi Roberts-Egan praised the work done by Janice Richards (WFCCG, Senior Commissioning Manager; Lead Commissioner for Dementia), John Giffney and Ross
Milne in making such a difference to the lives of residents. She thanked them for their passion and was proud of what they had achieved.

**Decision:**
The Board agreed that:
(a) Home Care Contracts should include a requirement to monitor hydration in people over 65 and to understand the signs of deterioration from dehydration
(b) Dementia Action Alliance be set up to move towards a Dementia Friendly Community in Waltham Forest
(c) Health and social care continue to work together to develop joined up services that address the prevention of hospital admission for people living with Dementia and allow them to live well for as long as possible.
(d) The knowledge and understanding of Dementia within the Health & Social Care workforce be increased
(e) Contract monitoring across Health & Social Care proactively monitor improvement in increased skills and knowledge of workforce

**Action:**
The Board requested
(a) an update report to come back next year
(b) information on the dementia friends training
(c) Lucy Shomali to discuss dementia friendly building design with the Director of Property

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**22. IMMUNISATIONS: BCG RESOLUTION**

Joe McDonnell, supported by Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services, NHS England and Rehana Ahmed, Immunisation Commissioning Manager for North West London NHS England presented the report.

Mr McDonnell advised that the Children’s Health and Wellbeing Board and Health Protection Forum had escalated this issue to HWBB following their concerns that children were being missed and not receiving their BCG vaccination. The Board noted that London maternity units should universally provide BCG vaccination to babies born within their units up to age 28 days. At-risk babies aged up to 12 months who missed vaccination in maternity would receive their BCG vaccination in the community. Whips Cross was only providing a five day a week service and the Homerton maternity unit was not providing a service which resulted babies being missed. It had therefore been agreed that provision would be temporarily be provided by NELFT for those babies who missed the universal offer at Whips Cross until the maternity unit are able to deliver a seven day service. However, there was uncertainty on whether BCG vaccination was being given in the community.

Catherine Heffernan advised the Board that the universal offer is currently under review as it goes against the national policy and there was pressure to revert back to the BCG vaccination to be a targeted programme only for high risk boroughs and households where children were living with parents/grandparents at risk of TB.
Rehana Ahmed advised that NELFT were immunising babies within 28 days that had been missed at maternity units. Homerton maternity unit would soon be offering the vaccination and Whipps Cross would be moving to a seven day service.

Cllr Grace Williams stated that the BCG vaccination offer was very confusing to explain to residents especially as it could potentially be moving from a universal to targeted offer and asked how babies that needed immunisation would be targeted. Althea Bart also raised similar concerns. It was explained that GPs would have criteria for referrals and health visitors and midwives would also be able to provide intelligence so that babies at high risk are offered the vaccination.

Joe McDonnell noted that although there may be changes to the universal offer, he was concerned that there is a universal offer in London at the moment and babies were not being referred to NELFT from maternity units. Rehana Ahmed reassured the Board that Whipps are sending the information to NELFT. Sue Boon agreed to investigate the issue with her colleagues to find out if NELFT was receiving the information.

Action:
The Board asked for:
(a) data on whether the universal offer was being met
(b) a definition of the targeted groups and further details of the review at its meeting in December 2019.
(c) Sue Boon to confirm if NELFT was receiving the notifications for babies not receiving their BCGs at birth for follow up by the NELFT Immunisation team.

23. UPDATE: CROSS-CUTTING WORK

Suzanne Elwick, Head of Strategic Partnerships, updated the Board on the two new case reviews:
1) Jaden Moodie – the review would focus on the work and support offered to Jaden’s family to ensure that the council had the correct approach in working with children that are criminally exploited. The review would be completed by September 2019.
2) The second review was regarding the death of a four month old baby. The work would focus on the Think Family approach and how the council works with residents that move across borough boundaries and its links with multi-agency partners in preventing domestic violence.

24. ANNUAL REPORT 2017-18

The Board approved the Annual Report 2017-18 for publication.

25. CROSS-CUTTING PRIORITIES - ALL BOARDS - ANNUAL REPORT

Decision: the Board noted the report.

26. HEALTH SCRUTINY COMMITTEE: REVISED SUBSTANTIAL VARIATION PROTOCOL
**Decision:** the Board noted the report.

27. **SEND REPORT - UPDATE**

**Decision:** the Board noted the report.

28. **FOOD POVERTY ACTION PLAN**

**Decision:** the Board noted the report.

29. **LEDER REPORT**

**Decision:** the Board noted the report.

30. **SECTION 106 REPORTS**

**Decision:**
The Board approved the funding proposal for purchase of:
(a) Doppler machines for use in primary care; and
(b) Blood pressure monitors for use in primary care

31. **ITEMS FOR THE NEXT MEETING**

The Board asked for
(a) An update on changes in governance and the terms of reference
(b) Mental health stock take
(c) Discussion paper from Mark Lobban on plans for integrated commissioning

32. **MESSAGE FROM THE BOARD**

The Board reflected on the actions and decisions made at the meeting that would benefit and make a positive difference to the lives of residents. The Chair stated that she had found the item on dementia extremely useful in increasing her awareness of issues that affect residents. Althea Bart added that she had been pleased with the way residents had shown a desire to be involved and work more collaboratively with providers and the community.

The meeting closed at 2.01 pm

Chair’s Signature

Date