



London Borough of Hammersmith & Fulham

Health & Wellbeing Board Minutes

Monday 17 June 2013

PRESENT

Committee members:

Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)
Councillor Helen Binmore, Cabinet Member for Children's Services
Andrew Christie, Tri-borough Executive Director of Children's Services
Eva Hrobonova, Deputy Director of Public Health
Dr Susan McGoldrick, H&F, CCG (from 5pm)
Trish Pashley, Healthwatch Representative
Sue Redmond, Interim Tri-borough Executive Director, Adult Social Care
Dr Tim Spicer, Chair of H&F CCG (Vice-chairman) (to 5pm)

In attendance:

Councillor Georgie Cooney, Cabinet Member for Education
Abigail Hull, H&F, CCG
Janet Shepherd, Director of Nursing and Patient Experience for North West
London, NHS England
David Evans, Senior Policy Officer
Sue Perrin, Committee Co-ordinator

1. MINUTES

RESOLVED THAT:

(i) The minutes of the Shadow Health and Wellbeing Board held on 25 March 2013 be approved and signed as a correct record of the proceedings, subject to the following amendment:

5. Priority 3: Supporting young people into a healthy adulthood to read:
'The work of the HWB and the Children's Trust Board should not duplicate each other'.

(ii) The following changes in the order of priorities be noted:

Priority 3: Every Child has the best start to life.

Priority 4: Childhood Obesity

Priority 5: Supporting young people into a healthy adulthood.

2. APOLOGIES FOR ABSENCE

Dr Spicer gave apologies for having to leave the meeting early.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED THAT:

- (i) The terms of reference be noted.
- (ii) The Board recommended that the Council makes a direction that the members of the Board who are entitled to vote alongside the Councillors are the representative of the CCG and the Local Healthwatch representative but not the Council officers on the Board.
- (iii) The appointment of an Opposition Member to the Board be considered at a future meeting.

5. APPOINTMENT OF A VICE-CHAIRMAN

RESOLVED THAT:

Dr Tim Spicer be elected as Vice-chairman for the 2013/2014 municipal year.

6. WORK PROGRAMME

RESOLVED THAT:

- (i) The work programme be noted.
- (ii) A proposal for an informal meeting, with costs be brought to the September meeting.

Action: David Evans
- (iii) That a report on housing for people with learning disabilities and for older people, and specifically better use of existing stock, be added to the work programme.

7. OUT OF HOSPITAL PROGRAMME UPDATE FOR HAMMERSMITH & FULHAM

Dr Spicer introduced the report which updated the Board on progress made by the H&F Clinical Commissioning Group (CCG), Tri-Borough and partners in delivering the Out of Hospital (OOH) strategy, identifying key achievements, whilst also considering the long term objectives.

The 'Shaping a Healthier Future' programme had addressed the need to rebalance the whole system of care away from over reliance on acute hospitals, with a move towards greater use of primary and community based services. For H&F, the OOH strategy would focus on developing plans for three sites to support five networks of care in the north, centre and south of the borough, including the use of Charing Cross Hospital as a hub/health centre offering primary care, therapies and further diagnostic services.

It was recognised that patients and users of health and social care services across H&F currently increasingly experienced a fragmented service. Whilst good progress had been made to develop improved collaborative working, it was recognised that a Whole Systems approach was needed to enable integrated care.

Dr Spicer commented on the intention of North West London to submit an expression of interest to become one of ten 'Pioneer Sites' in demonstrating an innovative and ambitious approach to integrating care. Co-design work had commenced in a number of areas. The programme was looking for support from the eight CCGs and local authorities to further progress the design work across each of the programme work streams. The advantages of scale would be beneficial in working with major acute providers.

The three boroughs (Hammersmith & Fulham, Kensington & Chelsea and Westminster) and their partners had a history of working closely together and, as a community budget pilot, had developed an understanding of how funds could be used differently to target key local priorities.

90% of acute activity happened within North West London, as opposed to a different sector, and therefore the shift of activity away from hospital based care, towards greater use of primary and community services was more likely to succeed. Some 20% of residents used 65% of health and social care resources.

Bids to become Pioneer Sites had to be submitted to the Department of Health by 28 June, but the decision would not be made until September. Further information would be reported to the Board at its next meeting.

Ms Pashley highlighted the importance of patient involvement, specifically hard to reach groups, and the discussion of the co-design work with patient representatives, and the HWB's statutory duty to improve health inequalities.

Councillor Binmore queried the resources for the pilot and the provision of a community service across borough boundaries. Dr Spicer responded that funding was in place in tri-borough areas and they were able to account for activity and attribute to the right source. In other areas, there would need to be a reciprocal agreement.

Mr Christie queried the scope of the OOH programme, the evidence for the best areas in which to direct effort, health prevention to avoid in-patient admissions and the development of Urgent Care Boards.

Dr Spicer responded that the programme covered any provision which might be delivered in the acute sector. Organisations would put in place and co-ordinate services for high resource users, with the aim of slowing the development of long term conditions.

A tri-borough Urgent Care Board had been established covering Central London, West London and Hammersmith & Fulham CCGs and had met for the first time the previous week. Operational Groups would cover each Accident & Emergency Department.

The report updated on the current OOH schemes.

Ms Pashley queried the Virtual Ward model and the development of networks. Dr Spicer responded that the joint health and social care scheme would operate in a similar fashion to inpatient wards, using similar multi professional staffing and systems, except that people would be cared for in their own homes as opposed to an acute hospital. The model would be organised around a group of patients registered with a group of practices that were part of a network and, when fully developed, would be operational 24/7. Staff in the current out-of-hours service worked in silos and did not have access to patients' notes.

RESOLVED THAT:

1. The Board noted the progress for the OOH strategy.
2. The Board agreed in principle to proceed with the expression of interest in becoming a Pioneer Site.

8. JOINT HEALTH & WELLBEING STRATEGY

Mr Evans introduced the Joint Health & Well-being Strategy (JHWS) update report, which set out progress against the eight key priorities and outlined the next steps. The Council was also developing the Community Strategy 2014-2022, and the next steps would need to include consultation on the JHWS and priorities as part of the Community Strategy process.

Joint consultation would offer an opportunity to engage with a larger number and a wider cohort of stakeholders, identify the clear links to be made between the two strategies, and avoid confusion and duplications as well as realising better value for money by running a single consultation exercise rather than two. Mr Christie suggested that existing mechanisms for consultation be used, for example the borough youth forum

The consultation on the JHWS would enable local people and stakeholders to contribute their views and for a final revision before endorsement by the HWB in January 2014.

'Priority 1: Integrated health and social care services which support prevention, early intervention and reduce hospital admissions' had not been included in the report, but had been covered in the previous item.

Mrs Redmond indicated that it would be more appropriate for the CCG, rather than Adult Social Care to lead on the priority; "Improving mental health services for service users and carers to promote independence and develop effective preventative services".

Mrs Redmond stated that the Partnership Board, which included the three CCG Chairs and lead Cabinet Members for Adult Social Care, would oversee both commissioning and service delivery led integration initiatives and would ensure that these were aligned and work co-ordinated. A joint interim Director for Adults Community Health and Social Care had been appointed by Tri-borough and CLCH (with CCG input) to lead the community services integration programme.

RESOLVED THAT:

The JHWS be consulted upon as part of the programme to develop the Community Strategy.

9. JOINT STRATEGIC NEEDS ASSESSMENT

Ms Hrobonova presented the report, which set out a proposal for the process and governance structure of the Joint Strategic Needs Assessment (JSNA) programme, to maximise the use of the JSNA by commissioners and planners. The HWB was responsible for sign off and delivery of the JSNA.

Members considered how the HWB would help to steer the priorities for 'deep-dive' JSNA products and the workload of the task groups. Ms Hrobonova stated that the JSNA Steering Group would determine and prioritise requests through the use of the 'JSNA Prioritisation Scoring Tool'. Task and Finish Groups would be established to take on the work programme and complete the JSNA product.

'Deep-dive' priorities would be brought to the September meeting and included in the Annual Report. which, would be brought to the HWB for final sign off. In addition, the HWB would be informed of any 'deep-dive' products, which had been rejected.

Ms Pashley queried the involvement of patients and public in the process. Ms Hrobonova responded that the JSNA was publicised through the CCG and the JSNA website. JSNA managers would engage with communities to ensure public input and an appropriate user engagement strategy.

RESOLVED THAT:

1. The proposed Tri-borough JSNA Model should be managed by the Tri-borough Public Health Service and run in the way set out in the report be agreed.
2. The governance arrangements set out in the report be agreed.
3. The task of priority setting be delegated to the proposed JSNA Steering group.

10. LOCAL HEALTHWATCH

The Healthwatch Hammersmith & Fulham (Healthwatch HF) work programme 2013/2014, which set out the activities, priorities and expected outcomes was tabled. Members considered the Healthwatch HF work priorities and specifically how the work plan could contribute to the HWB strategy and how patient and user views could be integrated into commissioning decisions. The report set out the following aims:

- To provide information to the public about local health and social care services;
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities; and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Healthwatch HF had identified the following draft priorities for the 2013/2014 work plan: Out of Hospital Care; Young People and Sexual Health; and Learning and Disability.

The draft priorities for the other boroughs were:

Healthwatch RBKC: Homecare, Personalisation, Making Complaints and Cancer

Healthwatch WCC: Hospital discharge, Dementia Care, Carers and Homeless Health

Members repeated earlier comments in respect of the value of consultation with established groups. The Chairman commented that user engagement reviews of the effectiveness of services had produced useful information for input into service redesign.

RESOLVED THAT:

The Healthwatch HF work programme be noted.

11. DATES OF NEXT MEETINGS

9 September 2013

4 November 2013

13 January 2014

24 March 2014

Meeting started: 4.05 pm

Meeting ended: 5.30 pm

Chairman

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