



London Borough of Hammersmith & Fulham

# Health & Wellbeing Board Minutes

Monday 9 September 2013

## **PRESENT**

### **Committee members:**

Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)  
Councillor Georgie Cooney, Cabinet Member for Education (from 5pm)  
Dr Peter Brambleby, Interim Tri-borough Director of Public Health  
Andrew Christie, Tri-borough Executive Director of Children's Services  
Eva Hrobonova, Deputy Director of Public Health  
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:**

Janet Shepherd, Director of Nursing and Patient Experience for North West London, NHS England  
David Evans, Senior Policy Officer  
Sue Perrin, Committee Co-ordinator

## **12. MINUTES AND ACTIONS**

### **RESOLVED THAT:**

- (i) The minutes of the Health & Wellbeing Board held on 17 June 2013 be approved and signed as a correct record of the proceedings.
- (ii) The Board noted that the Council, having consulted the Health & Wellbeing Board (HWB) and having regard to the recommendation of the HWB, directed that the Clinical Commissioning Group representative and the local Healthwatch representative are entitled to vote, but that Council officers on the HWB are not entitled to vote.

## **13. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Helen Binmore and from Dr Peter Brambleby for lateness and from Andrew Christie for leaving early

#### **14. DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **15. WORK PROGRAMME**

##### **RESOLVED THAT:**

- (i) The work programme be noted.
- (ii) The Board noted that a half day workshop, facilitated by the Kings Fund, would be held on the 8 October 2013, at Hammersmith Town Hall.
- (iii) The workshop should review the HWB generally and the CCG's Clinical Commissioning Intentions and specifically alignment with those of the Council and Public Health.

#### **16. CLINICAL COMMISSIONING INTENTIONS**

Dr Tim Spicer presented the report on the CCG's Commissioning Intentions 2014/2015. Whilst the commissioning intentions were published on an annual basis, the process was ongoing, with strategic objectives being developed over a number of years. The commissioning intentions were derived from the Joint Strategic Needs Assessment (JSNA), but there were multiple drivers beyond the JSNA such as the Shaping a Healthier Future (SaHF) re-configuration proposals.

The report set out the basis for developing the commissioning intentions. Dr Spicer stated that QIPP (Quality, Innovation, Productivity and Prevention) had to be achieved annually, and savings were in the region of 5% per annum. All stakeholders would be involved to a greater extent in developing commissioning intentions over time. The report set out the engagement with individuals and teams currently.

The report also set out the timeline for developing commissioning intentions and the key milestones. The key strategic challenges included meeting the needs of the population as identified in the JSNA and ensuring measurable changes in outcomes across the HWB priorities. A table illustrated how the commissioning intentions themes had structured the 2014/2015 service delivery and their fit with the key strategic drivers.

The CCG was currently working with stakeholders to update each of the key areas of the 2013/2014 commissioning intentions. An unscheduled care update had been provided as a draft example. Dr Spicer stressed the importance of patient empowerment and involvement in overall care.

Councillor Ginn opened the discussion on alignment of commissioning between the Council, CCG and Public Health and joint commissioning where appropriate. It was suggested that the starting points should be the strategic

fit of the CCG commissioning intentions with the HWB strategic priority areas. There needed to be clarity about how resources could be re-deployed to bring about change and the barriers to change.

The key strategic challenge would be to ensure measurable changes in outcomes across the HWB priorities, to be delivered within the context of a recurring QIPP gap and future comprehensive spending round. Joint commissioning of services could deliver best value for money.

Councillor Ginn referred to Public Health commissioning and procurement and the need to cross reference with the CCG commissioning intentions. The Public Health re-procurement timetable was phased over three years and this was being challenged in view of the need to integrate with co-commissioners and to develop a framework against which commissioning outcomes could be measured.

Dr Spicer referred to the October timeline for refining/developing commissioning intentions and ensuring final alignment with the JSNA refresh and fit with HWB strategy to achieve required changes. Currently there were block contracts with providers, which were difficult to relate to outcomes and to identify which aspect had brought about change in health status.

Members acknowledged the need to move towards an overarching commissioning plan, and that areas on which to focus could be considered at the HWB workshop.

Councillor Ginn referred to the transfer of public health to the Council and the issues of finance and service gaps between providers. Establishing the true cost of services was difficult due to block contracts which had been put in place, and were difficult to investigate where they did not relate to a stand alone service.

Mr Christie stated that some joint commissioning arrangements were not absolutely right and that H&F CCG was talking to colleagues to agree alignment. Dr Spicer added that overall there were similarities, but frequently there were different processes for something not materially different.

Dr Brambleby queried what the CCG would achieve in one year in terms of quality. Dr Spicer responded with the following key examples: engendering a change in patient experience; patient access to their medical records and involvement in care plans; and a reduction in patients in hospital beds who did not need to be there.

Councillor Ginn proposed that the workshop focused on the areas suggested in the report: Out of Hospital, Joint Commissioning, CLCH, Mental Health, Nursing Homes and Children.

#### **RESOLVED THAT:**

- (i) The report be noted.

- (ii) Update reports be considered at the workshop and at the next meeting.

## **17. JOINT STRATEGIC NEEDS ASSESSMENT: UPDATE**

Ms Hrobonova presented the update report, which included the Employment Support JSNA Deep Dive, awaiting sign-off by each of the three HWBs.

The first JSNA Steering Group meeting would take place on 18 September, and would begin to assess the priorities and future direction of the JSNA work programme.

The current deep dive JSNAs were: learning disabilities, physical disabilities and tuberculosis. Future deep dives were: child poverty and alcohol. An application was pending for veterans' health.

Councillor Ginn queried the mutual relationship between the HWB and Public Health. Dr Brambleby responded that the HWB was responsible for approving the commissioning plan, and public health for quality assurance and the establishment of a steering group. In addition, the JSNA supported commissioning.

Dr Brambleby continued that the ways in which the HWB and Public Health monitored each other included: lines of accountability such as the national annual update of local authorities' performance in respect of the health of their populations; each borough helping people with disabilities back into work; and the annual report on the health of the population which was a requirement of the Director of Public Health. Ms Hrobonova added that the HWB could issue quite specific directives in respect of commissioning intentions to ensure that the JSNA had been fully taken into account.

Dr Spicer stated that the interface between mental health and physical disability and employment informed commissioning intentions, but there remained some way to go to meet different levels of need.

### **RESOLVED THAT:**

- (i) The report be noted.
- (ii) The Employment Support JSNA Deep Dive be approved.
- (iii) The update report to include the JSNA needs achieved through the commissioning intentions.

**Action: Peter Brambleby/Eve Hrobonova**

## **18. NHS FUNDING TO SUPPORT SOCIAL CARE 2013/2014**

This item was deferred on the grounds that the report is a draft for the 2013/14 allocations and there is a need for it to proceed through the CCG governance process before it is presented to the Health & Well-being Board.

**19. INTEGRATION TRANSFORMATION FUND**

Mrs Redmond introduced the report in respect of a fund of £3.8 billion nationally to ensure closer integration of health and care services from 2015/2016, referred to as the Integration Transformation Fund (ITF). The ITS was being funded from existing sources of funding, including existing CCG budgets.

Localities where spend would take place would be identified and they would be asked to develop a local plan by March 2014 covering the two years 2014/2015 and 2015/2016.

**RESOLVED THAT:**

- (i) The report be noted.
- (ii) The Board to be updated on the joint spending plans.

**20. PARTNERSHIP AGREEMENT WITH THE NHS**

Mrs Redmond introduced the report which explained the background to the development of a new partnership Agreement for the Commissioning of Health, Wellbeing and Social Care between the London Borough of Hammersmith & Fulham and NHS Hammersmith & Fulham CCG.

**RESOLVED THAT:**

The report be noted.

**21. DATES OF NEXT MEETINGS**

4 November 2013

13 January 2014

24 March 2014

Meeting started: 4pm

Meeting ended: 5.35pm

Chairman .....

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