London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Monday 8 September 2014

PRESENT

Committee members: Councillor Vivienne Lukey, Cabinet Member for Health and Adult Social Care (Chair)
Dr Tim Spicer, Chair of H&F CCG (Vice-chair)
Liz Bruce, Tri-Borough Executive Director of Adult Social Care
Andrew Christie, Tri-Borough Executive Director of Children's Services
Philippa Jones, Managing Director, H&F CCG
Councillor Sue Macmillan, Cabinet Member for Children and Education
Keith Mallinson, H&F Healthwatch Representative
Meradin Peachey, Tri-borough Director of Public Health

Other Councillors: Rory Vaughan

Officers: Colin Brodie (Public Health Knowledge Manager), Holly Manktelow (Senior Policy Officer) and Sue Perrin (Committee Co-ordinator)

NHS England (London Region) : Gemma Harris and Julie Sands

13. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 30 June 2014 were approved and signed as an accurate record of the proceedings.

14. APOLOGIES FOR ABSENCE

Apologies were received from Dr Susan McGoldrick, Stuart Lines, Trish Pashley and, Councillor Sharon Holder.

15. DECLARATIONS OF INTEREST

There were no declarations of interest.

16. BETTER CARE FUND

Ms Attlee introduced the report, which set out the requirement on the Health & Wellbeing Board (HWB) to resubmit the Better Care Fund (BCF) Plan, which had been agreed on 24th March 2014 and submitted to the Department of Health (DH) in April 2014.

The Tri-borough BCF had been considered of good quality but other parts of the country had not been able to submit satisfactory plans. A key ambition of the BCF was to reduce pressures arising from unplanned admissions to hospital.

In July 2014, revised guidance and planning, and templates had been issued for submission by 19 September 2014. Each area was asked to demonstrate how the BCF Plan would reduce emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community.

A proportion of the performance allocations would be payable for delivery of a locally set target for reducing emergency admissions. The balance of the allocation would be available upfront to spend on out of hospital NHS commissioned services, as agreed by the HWB. This would provide greater assurance to the NHS and mitigate the risk of unplanned acute activity.

The key delivery requirement of the BCF programme was captured diagrammatically. Work was still being completed on the financial assumptions and the revised report was not ready for presentation to the HWB at this meeting. The key revisions to the plan had been summarised in the report.

Ms Attlee then responded to members' queries.

The main issue of the Consultation had been to demonstrate provider engagement in the development of the BCF programme and understanding of the impact which BCF changes would make to activity. Discussions had been held with major providers, acute and community during June to September to increase their awareness of the detailed BCF programme.

Consultation had related to specifics of the BCF, not the totality. Whilst there were patient experience elements within the BCF, a wider service user engagement plan had not been fully implemented.

The Chair asked Dr Spicer to comment on the process from the CCG's aspect. Dr Spicer responded that the submission of additional data could be resolved within the timescale. The pilot would provide continuity of care for patients and, in addition, achieve savings.

RESOLVED THAT:

Final approval of the BCF updated plan templates be delegated to the Chair and Vice-chair, for submission on 19 September 2014.

17. PRIMARY CARE COMMISSIONING IN HAMMERSMITH & FULHAM

The HWB received a presentation, which set out the role and responsibilities of NHS England (NHSE) in primary care commissioning. In addition, the report provided information on the quality of primary care within the London Borough of Hammersmith & Fulham..

Julie Sands, representing Karen Clinton, Head of Primary Care, North West London, NHSE (London Region) responded to members' queries.

In respect of the GP practices which had recently closed their contracts with the NHS, one would be going out to procurement shortly, one was under consideration and the others had been closed.

It was difficult to forward plan as GPs were required to give only three months' notice and partnerships six months. This was a tight timescale, but it might be possible to plan the transition though caretaking arrangements or disbursing the list.

In respect of practices identified for review, performance tools indicated those practices which needed to be reviewed, on the basis of the data. This might be because the data was incomplete. Alternatively, it might indicate that a full practice review was necessary and advice should be sought from the Local Medical Committee.

The achievement categories could be equated to a traffic light system, with the 14 practices approaching review categorised as amber and the 12 practices where a review had been identified as red.

Mr Mallinson stated that Healthwatch had identified patient transfer issues, particularly in unscheduled care and that a seamless transfer was essential. Ms Sands responded that NHSE was interested to know of any issues and noted the importance of patient tracking, especially vulnerable patients, and clear communication. NHSE intended to again meet with Healthwatch.

Members queried progress in respect of the transformation of GP practices to support Out of Hospital Care and the Prime Minister's Challenge Fund.

Ms Sands responded that progress had been made with: GP Outcome Standards setting out expectations in respect of, for example, access, waiting times and referral; practice networks; and changes in the delivery of patient services. In addition, feedback from the independent GP Patient Survey was monitored.

GPs in North West London, including in Hammersmith and Fulham, had been awarded £5m from the Prime Minister's Challenge Fund to support schemes to make it easier for patients to see their GP. The money was being used to provide extended opening hours, weekend opening and better use of technology. Ms Jones noted the importance of the front desk experience and stated that the CCG had recently recruited someone to work with practices to obtain direct patient feedback.

Members noted the poor performance in respect of diabetes indicators and queried whether this was related to the number of nurses and practices undertaking health checks, and the support provided. Ms Sands responded that there were likely to be a combination of factors and these would be included when preparing for reviews of practices with issues.

Ms Jones responded that diabetes care was a priority for the CCG and that support was being provided by a GP working within the CCG three days a week. Ms Jones noted that the data was now over a year out of date.

Ms Sands stated that the reason for the lower level of patients with confidence and trust in their nurse In Hammersmith & Fulham was not known. However, the 2013/14 data analysis would be by practice, making it possible to identify themes. Dr Spicer noted the recruitment and retention issues in Hammersmith & Fulham. The satisfaction levels were partly a reflection of the isolation of practice nurses, although some networks were now beginning to share practice nurses.

Members queried how the prevention of avoidable emergency admissions and A&E attendances would be monitored. Ms Sands responded that the data would reflect only A&E attendances. There were a number of targets for practices in respect of frequent attendances.

Members queried the adequacy of GPs locally and how GPs would work with NHSE to ensure that the level of primary care services was adequate to meet the additional demands of out of hospital care. Ms Sands responded that the indications were not a measure of changing demand. There was a need to change how primary care was accessed and to work in different ways, with different forms of contract and funding being used more flexibly to benefit patients.

Members queried how the performance of individual practices would be presented, in order for patients to make an informed choice, and how good practice would be shared. Ms Sands responded that NHS Choices published healthcare data including satisfaction surveys and some quality indicators and My Health London published data to compare practices. In addition, practices worked in networks to discuss data and opportunities, facilitated by the CCG. Ms Jones confirmed that each practice should have a lay-person forum.

Dr Spicer referred to the national plans to increase GP places at medical schools, towards ensuring that 50% of medical students became GPs, over the next few years. GPs tended to move out of the central zone and therefore Hammersmith & Fulham needed to retain as many as possible.

Councillor Lukey concluded the discussion by commending the report for the good points of improving services locally and as a direction on which to focus.

RESOLVED THAT:

The report be noted.

18. MENTAL HEALTH TRANSFORMATION PROGRAMME

This item had been deferred.

19. CCG COMMISSIONING INTENTIONS 2015/2016

The Board received a presentation on the H&F London CCG Contracting Intentions for 2015/2016. The Commissioning Intentions would be circulated to providers in early October. In addition, a public and stakeholder facing document would be made available from December 2014.

The Commissioning Intentions would address:

- the delivery of the key NWL strategic priorities, including patient empowerment, primary care transformation, Whole Systems Integration and service reconfiguration; and
- responding to local issues, gaps and priorities.

The Commissioning Intentions for 2015/2016 built on the 2014/2015 Commissioning Intentions, engagement had been undertaken throughout the year and the CCG's Out of Hospital Strategy and aimed to address JSNA priorities.

Members queried the future of the Milson Road site. Ms Jones responded that the site had initially been considered for closure, with services being redeployed, but this was currently being reconsidered. However, significant investment was required to update the site, and a business case was being submitted to NHSE.

Mrs Bruce highlighted the difference in planning timelines between the Council and the CCG, with the Medium Term Financial Strategy being at least two years compared to the Commissioning Intentions of only one year. In order to plan jointly, there was a need to align budgets and strategic time scales. Dr Spicer confirmed that the CCG would prefer to work on a timescale of more than one year. In respect of Whole System Integrated Care, these were the type of issues which needed to be resolved.

RESOLVED THAT:

The report be noted.

20. CHILDHOOD IMMUNISATION

Gemma Harris, Acting Patch Lead NWL, NHSE England (London Region) presented the report, which provided a background to the childhood

immunisations programmes, with a focus on MMR; outlined roles and responsibilities of organisations in relation to the section 7a immunisations programmes; provided the local context and data for Hammersmith & Fulham; set out NHSE's work streams; and partner organisations' roles in supporting an improvement in uptake of immunisation programmes.

Members noted the big reduction in uptake of the second dose MMR. Previously, data had been provided by the PCT, but was now provided through the Child Health Immunisation System, which included GP registered and unregistered children. Therefore the uptake for first and second doses were not comparable figures.

The unregistered cohort in Hammersmith & Fulham was steadily increasing. NHSE was looking at what services could be put in place to increase uptake.

Members queried the target for MMR uptake. Ms Harris responded that 95% was required to ensure resilience and that this was extremely challenging. Mrs Peachey confirmed that 95% was the level for herd protection, i.e. to prevent an outbreak. There was shared responsibility between NHSE, the CCG and Public Health; the three organisations needed to work in partnership.

Members suggested outreach possibilities via the third sector and children's services. Immunisation status could be checked at nursery/school enrolment and campaigns targeted depending on the response. Ms Harris noted that the data did not include children who had been vaccinated late.

Mrs Bruce stated that for outreach possibilities there would need to be a corresponding shift of funds from GPs.

RESOLVED THAT:

The report be noted.

21. PHARMACEUTICAL NEEDS ASSESSMENT

Mr Brodie presented the report, which set out the progress being made by the Pharmaceutical Needs Assessment (PNA) Task and Finish Group to prepare a new PNA for the London Borough of Hammersmith & Fulham (LBHF). There was a statutory requirement for a 60 day consultation on a draft PNA.

The LBHF HWB was required to publish a new PNA by 1 April 2015.It was proposed to begin the consultation on the draft PNA in October 2014. The draft PNA would be circulated to the HWB two weeks before publication for comment and steer. The final version would be brought back to the HWB before publication.

Members queried user involvement in respect of those more socially isolated and excluded. Mr Brodie responded that it was intended to work with

agencies and Healthwatch, to co-ordinate the views of patients and service users.

Members proposed that views could be captured from people whilst in Chemists. Mr Brodie responded that resources had not been allocated for a full public consultation. Mrs Peachy added that the baseline consultation met the legal obligations, whilst the consultation proposed by members was a slightly different piece of work.

Members noted that the PNAs would be used primarily by NHSE to inform market entry decisions in response to applications from businesses.

Mrs Bruce noted that there was a bigger piece of work in mapping pharmacies and how people could be supported to stay out of hospital.

In respect of pharmacies and immunisation, Mr Brodie would refer this query to the Task and Finish Group

Action: Colin Brodie

RESOLVED THAT:

The progress in preparing the draft PNA for publication be noted.

22. TRI-BOROUGH LEARNING DISABILITY ACTION PLAN

The Learning Disability Action Plan identified the key priorities across the three boroughs within the current financial climate for improving the quality, quantity and choice of support for people with learning disabilities, and improvements in the following years. This included provisions funded by both health and social care.

Dr Spicer stated that the CCG was working closely with the Learning Disabilities team. Training was being offered to a range of staff to raise awareness.
Members were informed of the joint work around transitions.

The Children and Families Act had introduced new provision for 16 to 25 year olds. Implementation of the Act would be reviewed at the February 2015 Policy & Accountability Committee.

Ms Jones noted that the CCG had prioritised increased health checks for people with learning disabilities.

RESOLVED THAT:

(i) The report be noted.

(ii) The Action Plan be brought back to a future meeting for discussion.

23. JOINT STRATEGIC NEEDS ASSESSMENT 12 MONTH REVIEW

Mr Brodie introduced the report, which set out progress against evidence set out in deep dive JSNAs published in early 2013.

RESOLVED THAT:

The report be noted.

24. HEALTH AND WELLBEING BOARD PLAN

The Board received the report which set out:

- a proposed approach for the HWB in relation to undertaking engagement in relation to its statutory functions; and
- options for how the HWB could develop more effective engagement and communications across its areas of responsibility.

RESOLVED THAT:

The plan be brought to a future meeting for discussion.

25. PROTOCOL FOR GOVERNING THE RELATIONSHIP BETWEEN THE LOCAL SAFEGUARDING CHILDREN BOARD AND THE HEALTH AND WELLBEING BOARD

The Board received the report, which provided an overview of the role and responsibilities of the Tri-borough Local Safeguarding Children Board (LSCB) and its priorities for 2014/2015,

RESOLVED THAT:

(ii) The Governance arrangements be noted.

(iii) The formal working agreement between the HWB be considered at the next meeting.

26. WORK PROGRAMME

The Board received the draft work programme for 2014/2015.

The Chair requested that an agenda planning meeting be arranged.

Action: Sue Perrin

27. DATES OF NEXT MEETINGS

10 November 2014.

19 January 2015

23 March 2015

28. ANY OTHER BUSINESS

Letter of Support

West London Mental Health Trust had requested that the HWB supported its partnership bid for NHS England's Technology Fund, which was linked to the Better Care Fund. The application sought to secure funding for the technology to share data and tasks between the Trust's Electronic Patient Record Application and those of the GP Practices in the Ealing, Hammersmith & Fulham and Hounslow boroughs.

RESOLVED THAT:

A general letter of support be provided in respect of NWL individual and collective bids.

Action: Holly Manktelow

Meeting started: 4pm
Meeting ended: 6.15pm

Chairman .....

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