

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes



Wednesday 7 September 2016

PRESENT

Committee members:

Councillors Vivienne Lukey (Chair) and Sue Macmillan
Dr Tim Spicer, H&F CCG (Vice-chair)
Vanessa Andreae, H&F CCG
Liz Bruce, Executive Director of Adult Social Care
Janet Cree, H&F CCG
Stuart Lines, Deputy Director of Public Health
Keith Mallinson, H&F Healthwatch Representative

Nominated Deputies Councillors: Rory Vaughan, Sharon Holder

Officers: Steve Miley, Director of Family Services; Ian Heggs, Director of Schools Commissioning; Anna Waterman, Strategic Public Health Advisor, Bathsheba Mall, Governance and Scrutiny

61. MINUTES AND ACTIONS

The minutes of the meeting held on 20th June 2016 were agreed as an accurate record.

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from Vanessa Andreae.

63. DECLARATIONS OF INTEREST

A declaration of interest was received from Keith Mallinson, in his capacity as a Primary Care Mental Health Advice Worker, employed by HF Mind.

64. NW LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

Councillor Vivienne Lukey introduced the report from Hammersmith and Fulham Clinical Commissioning Group (H&F CCG), setting out the North West London Sustainability and Transformation Plan (STP). It was

recognised that the report was a draft and the final submission would also be work in progress. It was further recognised that LBHF and Ealing had declined to sign up to the first draft of the submission.

Janet Cree, Managing Director, H&F CCG presented the report, which chronologically set out milestones and checkpoints, up to and including the current position. Affirming that the submission was work in progress, she referred to the timelines set out in the report and said that there should be an awareness of progress to date. The date for the final submission had been moved to 21st October 2016, a timeframe that allowed for the inclusion of results from the consultation and engagement events, set out in section 6 of the covering report.

Councillor Lukey referred to the list of meeting dates listed in section 6.7 of the report, with the date for Hammersmith and Fulham provisionally listed as 21st September. It was noted that this would be a public event and that attendance by members of the public would be encouraged. Keith Mallinson, Healthwatch, expressed concern that there ought to be two meetings, to be held separately in Hammersmith and Fulham. He added that Healthwatch had been critical of the NHS approach taken across the country on the STP, highlighting the lack of definition as to what constituted a “local hospital”. Councillor Rory Vaughan concurred and enquired if the submission would receive a full public consultation following 21st October. He also asked about the timeframe for delivering the plans and when they would come to fruition.

Janet Cree confirmed that the engagement process would continue throughout the calendar year and that a mechanism for factoring in engagement was planned. The next submission date was 21st October but there was uncertainty as to what the next stage would be. It was assumed that this would be the final iteration of the submission and that engagement would focus around the five delivery areas, detailing how the STP would come to fruition. Whilst there would not be a “full consultation”, there would be a small number of public events held around the borough. Liz Bruce, Director, Adult Social Care and Health, commented that there would be a mix of NHS officers, a joint transformation group, which will work towards delivering the STP. Statutory consultation would not yet form part of the discussion.

Reiterating that Ealing and LBHF had declined to sign up to the STP, the Board were informed that an independent review had been commissioned, collaboratively funded by the remaining six local authorities. The review would consider the areas highlighted in the Mansfield Commission report, the analysis, financial implications, safeguards, identifiable population needs and gaps in provision. The intention was that this would be complete by the end of September, to feed into the submission by 21st October. A selection panel had also been established by KPMG.

Councillor Lukey suggested that Healthwatch write to NHS England and formally request what the public engagement process was. Janet Cree added that Healthwatch had been part of the Strategic Planning Group (SPG), participating in the evolution of the submission.

ACTION: Healthwatch

Stuart Lines, Deputy Director of Public Health, commented on Delivery Area One, highlighting the preventative elements. The priorities here were ambitious, denoting a joined up system to deliver health improvements and alleviate social isolation. Delivery Area Four covered improvements to adult and child mental health provision. The Board briefly discussed how this fitted with current public sector provision from places such as the Anna Freud National Centre for Children and Families. In response to a query from Councillor Lukey, Janet Cree confirmed that the STP built upon plans from across London. This work was about infrastructure and place based commissioning, and was already evolving.

RESOLVED

1. That the Board's comments be incorporate into the final STP, which the NW London is required to submit to NHS England on 21st October; and
2. That the Board receives a further report, once the outcome of the submission is known, outlining service proposals and funding available to address the existing gap and ensuring that the costs of increased social care that will result from the delivery areas set out in the new plan.

65. HAMMERSMITH & FULHAM CCG COMMISSIONING INTENTIONS PAPER

Janet Cree explained that this was part of an annual process and would set out the CCG's commissioning intentions for 2017/18 and formed part of the process around contracting. For the next contracting period, NHS England stipulated two-year contract periods as opposed to one, to allow for the development and evolution of services over a longer period. Commissioning intentions covered the NW London area but there were national issues to consider and which would feed into commissioning intent. Changes to the contracting period, required contracts to be signed by the end of December. Acknowledging the inherent challenges, it was also noted that guidance would also be issued earlier in September.

The CCGs would take a collaborative approach, reviewing national contracts, which will continue to evolve, ensuring that contractors and providers have governance arrangements in place, in addition to improvable and sustainable performance. Reflecting on 2016/17, NHS England national requirements as to commissioning had meant that August and September had presented challenges. Formal notification as to contracts will be issued by the end of September, (set out in Appendix 2 of the report).

Councillor Lukey expressed interest in how the Borough's needs would be reflected in the Commissioning Intent. Janet Cree referenced the Health and Wellbeing Strategy and how this would signpost need as the Commissioning Intent was already set out within the strategy, for example, the intentions around immunisations and the SQUINS were utilised to develop local innovations and priorities to improve vaccine take up.

Keith Mallinson expressed reservations about the way in which some national contracts had been issued and stressed that new contracts should maintain services equal to or extend beyond those previously in place. The Board indicated that it would welcome further updates on this.

ACTION: HWB/H&F CCG

RESOLVED

That the report be noted.

66. CHILDREN AND FAMILIES ACT IMPLEMENTATION AND PREPARATION FOR LOCAL AREA INSPECTION

The Board received a report presented by Ian Heggs, Director of Schools Commissioning, outlining plans to implement the requirements of the Children's and Families Act 2014, by 2018. In addition to the update, the report also set out preparations for a Local Area Inspection. The legislation introduced significant changes to the way in which services for young people with Special Educational Needs (SEN) were provided, section 3 of the report explained how Education Health and Care Plans (EHCP) had been formulated during the first full year of operation. It was noted that 54.2% of EHCPs were completed within 20 weeks, lower than the national average of 59.2% and that many local authorities were behind. Co-production was a key element of the process, and ensured that the views of parents and young people were included in plans and decisions.

The Board noted that extra resources in the SEN service had been deployed to address the backlog of transfers from SEN to ECHP. The SEN Service sought to work closely with health colleagues and joint commissioners, to ensure that EHCPs were completed in a timely manner. It was explained that this type of advice differed from the analysis of need, crafting services to fit the needs of young people. An analysis of the SEN service undertaken by Ernst and Young identified that there was increasing demand on the service, and increased funding pressures in the 16-24 age group range. Secondary children identified with SEN will increase over the next five years and further exacerbated funding pressures. The Board were informed that a new director had been appointed, Mandy Lawson, Assistant Director, Special Education Need and Disabled Children's Service.

ACTION: Children's Services/H&F CCG

Keith Mallinson highlighted an area of concern, where parents of autistic children had felt frustrated at the lack of joined up thinking, being referred by schools to the GPs, making little progress in obtaining support or clarity. Navigating the process of formally identifying need and accessing support was acknowledged as difficult and parents often felt caught in the middle. Ian Heggs explained that the Local Offer for many SEN children with autism could place them in mainstream schools using available resources. Top up funding within the borough was 5%, compared to the national average of 2%. There was a significant amount of help in schools to signpost parents to services, for example, Queensmill School. It was recognised that training to identify

autistic characteristics and triggers was essential and Steve Miley offered to raise the issue with the new director. Dr Tim Spicer added that the H&F CCG could assist with improved signposting in practices, recognising that clinical practitioners who were not specialists in the field would have similar issues in diagnosing complex conditions that they were unfamiliar with. It was understood from Liz Bruce that considerable work had gone into planning and assessing need, particularly the development of respite care, which was very positive.

ACTION: Children's Services/H&F CCG

Ian Heggs outlined briefly the inspection process, highlighting for example, the inspection of Queenmills School, which would look at the number of disabled adults in employment, a figure that was viewed as low in the Borough. LBHF had led by example this week, welcoming several new starters, all of whom were young adults with learning needs. Councillor Vaughan welcomed the use of resources to facilitate easier navigation of the process by parents. Ian Heggs confirmed that parents, on entering the process would receive a contingency statement and support, whilst waiting for the assessment to be completed. It was also noted that assessments at Year 11 were a priority, to ensure a smooth transition to adult services. Councillor Vaughan commented that the Transitions Working Group had identified some concerns and welcomed information about available options and on-going planning. Although provision was only required to the age of 19 years, transition support for 16-25 in LBHF, exceeded this, setting EHCP outcomes that covered a three-year period.

It was agreed that an update to the Board about the joined up operational working between Children's Services and Adult Social Care would be provided. In terms of practical support, it was noted that further discussion about specific provision would be on-going. Janet Cree confirmed that this would be followed up by the CCG. It was noted that the Children and Mental Health report from Steve Buckerfield (NW London Clinical Commissioning Group) had been considered by the Children's and Education policy and Accountability Committee in June and that it was also due to be considered by the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee.

ACTION: Children's Services and Adult Social Care

RESOLVED

That the report be noted.

67. TACKLING CHILDHOOD OBESITY TOGETHER

Stuart Lines, Deputy Director of Public Health, presented the report, which outlined the progress and achievements of the Tackling Childhood Obesity Together (TCOT) Programme during the first year of what would be a five-year programme. This topical and national issue, formed part of the Childhood Obesity Strategy and was a multi-system approach, examples of which included projects such as Go Goldborne (RBKC). The overall aim was to improve physical and health outcomes, reversing the upward trend of

childhood obesity, across the three boroughs. Councillor Sue Macmillan observed that many of the activities took place in WCC and RBKC and welcomed confirmation that further details would be provided. It was unclear in the report as to what LBHF specifically targeted activities comprised of. Councillor Macmillan also enquired about the cost of each LBHF activity.

ACTION: Public Health

Councillor Vaughan enquired if schools had been included in the Programme and how, for example school travel plans. Stuart Lines confirmed that schools were part of this (it had been trialled in other boroughs) and that there were links established throughout the borough. Liz Bruce welcomed the support of the Board in highlighting concerns about the way in which the national strategy had been watered down and no longer the priority that it should be. Dr Tim Spicer commented that the consumption of calories remained key in achieving a healthy weight and that it was easier to address the number of activities. National food outlets publicised calories and although it was important to understand how we as a community took action, it was also recognised that the strategy was continually evolving, drawing together several elements.

RESOLVED

1. That, the report be noted; and
2. That the annual report be published on the JSNA website, subject to the amendment, that there be greater clarity within the report as to what LBHF specific, targeted activities comprised of;
3. That, the success of the initiatives to date, be noted; and
4. That, further publicity, about the good news and the services highlighted in the report, be endorsed by the Board.

68. HOUSING AND CARE JSNA

Councillor Lukey welcomed Anna Waterman, Strategic Public Health Advisor, who led the co-produced “Housing support and care: Integrated solutions for integrated challenges, London Borough of Hammersmith and Fulham, Joint Strategic Needs Assessment (Housing JSNA). Outlining the process of engagement with colleagues in Social Care, Housing and health as well as other stakeholders. Anna Waterman referred to the recognised links between housing conditions and health and wellbeing. The JSNA took a whole system approach to the identification of integrated solutions to integrated challenges. It had been developed in line with, and complemented the Housing Strategy and Adult Social Care’s Prevention Strategy.

Themes reflected in the report encompassed smarter budgeting, with increased focus on the Public Services (Social Values) Care Act 2012 and the Like Minded Strategy. The recommendations were designed to build on existing commitments and sit within several themes or ‘foundation stones’,

some of which were covered in the Health and Wellbeing Strategy. The report covered a complex area of work recognising that the resources were shared across the three boroughs, WCC, RBKC and LBHF. It also recognised the community links across the boroughs and how they in turn, linked to other central London boroughs. The implementation of the recommendations will require engagement across the system, to identify the most optimum way forward for LBHF, taking into account local assets, including social capital, and local strategic priorities. However, as the report was co-produced, it offered a shared language. Many stakeholders were ideally placed to start work, with a clear picture as to how best to progress the recommendations that would improve the existing partnership between housing, social care and health.

Keith Mallinson welcomed the report, the JNSA was an excellent document, encompassing a complex area of work and he was impressed by the way in which the current administration had sought to address the issue. Liz Bruce confirmed that this was one of the Borough's top three priorities to attain fluid, joint commissioning.

Steve Miley observed that the strategy largely focused on adults and it was confirmed that this was intended, to ensure that the scope did not become unmanageable. The report did refer to the impact of overcrowding on children, who would also be beneficiaries of any improvement to housing conditions.

Councillor Lukey concluded that the report successfully broke down some of the issues and would discourage silo working. It would sit well alongside the Older Peoples Strategy and she welcomed the positive feedback it had received. The Board welcomed the report and requested a further update after one year.

ACTION: Public Health

RESOLVED

1. That, the Health and Wellbeing Board approve the Housing support and care JSNA and its recommendations, for publication;
2. That, the Health and Wellbeing Board, ensure that the report's recommendations are reflected in delivery plans for related strategic documents, including the Sustainability and Transformation Plan, the Joint Health and Wellbeing Strategy and the Older People's Housing Strategy;
3. That the Health and Wellbeing Board champions progress on the 'foundation stones' outlined in section 8, in particular:
 - a) Joint commissioning and pooled budgets;
 - b) IT data sharing protocols and information governance;
 - c) Smooth customer journeys between services; and

4. That the Health and Wellbeing Board review progress against the recommendations, within one year of publication.

69. ANNUAL PUBLIC HEALTH REPORT 2015-16

Stuart Lines, Deputy Director of Public Health presented the annual public health report (APHR), of the Director of Public Health 2015-16, Sitting is the new smoking covering the three boroughs of LBHF, RBKC and WCC. A quarter of the people in LBHF (27%) were classed as the least active and the engagement approach being taken was to encourage more movement, rather than simply saying, go to the gym. The LBHF data indicated the importance of preventing important diseases such as, diabetes, cardio vascular heart conditions, stroke and cancer, with a view to increasing healthy life expectancy and access to health services that support lifestyle change. The APHR focused on three key messages: physical activity is good for mental health; any physical activity was better than none; and everybody active, everyday. It was important to consider how these messages would best support the current interventions and the graphic was a good way of presenting this.

In response to a comment from Keith Mallison, Stuart Lines concurred that most of us generally led increasingly sedentary lifestyles and that they were currently working with employers and local businesses to address the issue in the workplace. This was a multifaceted issue and linked to health and wellbeing. Councillor Lukey commented that further exploration of which different organisations could be contacted and how practical changes could be introduced, was required.

Councillor Sue Macmillan, using the number of hours of P.E. for children, enquired the inclusion of data from 2009 in the report. Stuart Lines explained that this was not the kind of data that was routinely updated and suggested that Children's Services be approached, as to how more recent data could be obtained. It was noted that the report would be circulated across different departments and it was envisaged as a call to action and how all Council activities can contribute to this, both externally and internally.

Janet Cree welcomed the report and agreed that the graphics were helpful in communicating key messages in an accessible format. It was suggested that contacts could be included in the report. Liz Bruce enquired whether the public launch of the report would coincide with Get Going Activities programme for 2016, which included alternative activities such as community gardening. Stuart Lines would inform the Board when the document would be publicly launched.

ACTION: Public Health

RESOLVED

1. That, the annual report of the Director of Public Health and the three key messages on physical activity be noted, in particular that:

- a) Physical activity is good for both your mental and physical health and wellbeing;
 - b) Any physical activity is better than none;
 - c) Simple, daily physical activity as part of everyday life is what we should aim for; and
2. That, the report and key messages used to support programmes and interventions to promote physical activity levels in Hammersmith and Fulham, be noted.
 3. That the report be noted.

70. WORK PROGRAMME

Councillor Lukey explained that there were number of items listed for the meeting scheduled for November, making particular reference to the strategic items listed in the Work Programme.

RESOLVED

That the Work Programme be noted

71. DATES OF NEXT MEETINGS

Wednesday, 8th February 2017
Monday, 20th March 2017

Meeting started: 6pm
Meeting ended: 7.35pm

Chair

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