

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes



Monday 20 March 2017

PRESENT

Committee members:

Vanessa Andreae, H&F CCG

Janet Cree, H&F CCG

Councillor Sue Fennimore, Cabinet Member for Social Inclusion

Stuart Lines, Deputy Director of Public Health

Councillors Vivienne Lukey (Chair)

Keith Mallinson, Healthwatch

Nominated Deputies Councillors:

Rory Vaughan

Officers: Chris Adams, Chief Executive Officer, H&F GP Federation, Robin Barton, Head of Commissioning, Children's Services CEO, H&F GP Federation, Rachael Wright-Turner, Director of Children's Commissioning, Daniel Wingfield, Chairman, H&F GP Federation, Harley Collins – Health and Wellbeing Manager and Bathsheba Mall, Committee Co-ordinator

92. MINUTES AND ACTIONS

The minutes of the meeting held on Monday, 8th February 2017 were agreed as a correct record.

93. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sharon Holder and Sue MacMillan; Mike Robinson, Director of Public Health, Clare Chamberlain, Director for Children's Services, Steve Miley, Director for Family Services and Dr Tim Spicer, H&F CCG (Vice-chair). Apologies for lateness were noted from Councillor Sue Fennimore.

94. DECLARATIONS OF INTEREST

None.

95. PRIMARY CARE COMMISSIONING

Councillor Vivienne Lukey, Chair, welcomed Janet Cree, Managing Director of the Hammersmith and Fulham CCG, who provided an update on the vote

to adopt delegated commissioning of primary care services. Briefly outlining the transition plan, benefits of the process and the duties imposed by the delegation, in particular, those that would remain within the remit of NHS England, and those that would pass to the CCG. With the NHS England expectation that all CCGs adopt level 3/delegated commissioning by April 2018, it was reported that following the voting process earlier this year, the H&F CCG membership in February, 70% voted in favour of the move to level 3. The change would require some constitutional adjustments but the overall aim would ensure greater autonomy in both leadership and practice. A range of objectives and benefits, set out in the report, included increased local freedom for investment in primary care, GPs having direct leadership to influence the development of investment in general practice, better delivery of integrated and more holistic, primary, community and secondary commissioned care.

Section 5.2 of the report set out the key findings of RSM (auditors), which included the fact that NHS England would remain liable for any pre-April 2017 liabilities. Notably, it was reported that additional, ring-fenced funding would be provided for primary care investment. One of the benefits of the delegated powers was greater freedom such as working more closely with the GP federation, to ensure better outcomes for local residents through tailor made, local services.

With reference to section 4 of the report, Janet Cree provided the salient points of areas that would form the new duties that would now be covered by the CCG and NHS England, respectively. Section 5 of the report set out due diligence undertaken in the key areas of finance, governance and workforce. Key governance changes included new committee arrangements with a new Level 3 Primary Care Commissioning Committee affective from April 2017. The Board were asked to note the revised structure, together with the proposed composition.

Responding to a question from Co-optee, Keith Mallinson who referred to page 14 of the report, it was explained that patients would be given greater opportunities and input in shaping the delivery of services.

Councillor Rory Vaughan sought greater clarity on the division of roles with the NHS and the way in this would alter. Focusing the question further, Councillor Lukey observed that while the changes were a welcome development, there would be some conflict of interest and sought further explanation about the monitoring and scrutiny from NHS England, noting that this would not be a total delegation. Janet Cree acknowledged that there existed potential areas where there would be conflicts of interest and anticipated that this would be addressed through the new governance and due diligence arrangements. She continued that this was an opportunity to developing a closer interface and that patients would be brought closer to the decision making process. It was noted that the CCG were following recommended guidance, but expected to there to be issued new guidance by April 2017. A Conflict of Interest Management policy was in place and would be updated, once the new guidance had been received.

Clarifying further, Janet Cree explained that that they would ensure proper transparency in decision making and that any conflicts of interest will be managed, with input from local governing body members. The composition of the committee will also include lay-members, ensuring greater accountability. It was agreed that it would be helpful to provide a link from the LBHF website to the CCG site, so that information regarding dates of meetings and other CCG events would be more accessible.

Action: HWB

In a follow up question, Councillor Vaughan asked about the separation between national and community services and how this could be translated at a local level. Vanessa Andreae, H&F CCG, explained that she did not anticipate many change. They had worked closely with NHS England on initiatives such as the immunisation programme, liaising with different parts of the organisation, as needed.

RESOLVED

That the transition progress from Level 2 primary care co-commissioning to Level 3 delegated commissioning from April 2017, and the emerging work on an H & F Primary Care Strategy, be noted.

96. HAMMERSMITH AND FULHAM GP FEDERATION UPDATE

Councillor Lukey welcomed Chris Adams and David Wingfield, from the Hammersmith and Fulham GP Federation. Davie Wingfield, Chairman of the Federation, provided an update on the work of the Federation, explaining the governance structure of the organisation and the key areas of work currently being undertaken such as out of hospital services. Support to general practices had been a key focus, with advice and guidance on a range of areas that included anti-coagulation and diabetes. While this was currently small in number, this was expected to increase. It was also explained that a number smaller practices were merging, offering greater opportunities to reduce non-clinical costs, create flexible services and create opportunities to benefit from the sharing of clinical services and expertise.

Another key programme was on education and training of clinical staff. The Federation received grant funding from the Health Education North West London (HENWL). Practice based education hubs had also been established. The governance arrangements for the organisation was relatively simple, with the Clinical Governance Committee reporting to the Board of Directors, together with a steering group, consisting of a range of stakeholders and patient group representatives. One of the aims was to try and facilitate greater input from GPs, particularly in terms of delivering elements of the GP Five-year Forward View and ensuring greater accountability.

With reference to page 35 of the report, Keith Mallinson enquired whether training of receptionists would form part of the workforce education and training programme, given that a significant number of complaints where

about receptionists. Chris Adams responded that they had recently secured joint funding sources from the H&F CCG and Health Education England. The training would consist of basic customer services training, such as ensuring eye contact. There was a future expectation that the training would eventually focus on technical aspects such as telephony services and a final area would be about signposting clinical care pathways and care navigation.

Focusing on workforce training, Councillor Vaughan commented that this was currently a significant area of concern, in the context of the STP (Sustainability Transformation Plan), and would be included in the future work programme of the Council's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee. Noting the need to recruit, upskill and retain staff, Councillor Vaughan asked if this could be achieved through the package of training currently in place and would this offer clinical staff greater incentive to work in the Borough. Chris Adams acknowledged that staff retention was a concern and that this was addressed in part by ensuring that there was greater support for GPs. One solution was the establishment of Network Locums, a dedicated pool of approximately 60 locum GPs. This was a relatively easy platform to use, the key advantage of which was the local knowledge, which helped stabilise the resource, in addition to safeguarding continuity of care. David Wingfield added that they were actively trying to recruit local residents, explain that a small-scale career pathway had been established for health care assistants who wanted to progress their medical expertise through formal, nursing education.

In response to a query from Councillor Lukey enquiring about the link between the work of the Federation and Public Health, David Wingfield explained that the Federation anticipated that this would continue to develop and had recently met with the Director of Public Health, Mike Robinson. He explained that they had recently begun to undertake data modelling and that the knowledge and data analysis provided by Public Health was invaluable and anticipated greater opportunities for collaborative working.

RESOLVED

That the Federation's structure and key programmes, as set out in the Executive Summary of the report, be noted.

97. PROPOSED ESTABLISHMENT OF A FAMILY SUPPORT SERVICE

Councillor Lukey welcomed Rachael Wright-Turner, Director of Children's Commissioning and Robin Barton, Head of Commissioning, who presented a report setting out proposals for the establishment of an integrated Family Support Service (FSS). Historically, there had been many different formats used for the delivery of children's services and this new vehicle was expected to bring together and deliver a range of strategically planned services that focussed on children and young people. While acknowledging the current partnership working arrangements with health and adult social care services, the need for a closer alignment of service provision.

Referring to the concept of accountability of care, Rachael Wright-Turner explained that the FSS would bring together a range of services for children

and young people, delivered by the Council or commissioned from providers. One of the keys aims was to strengthen provision, simplifying the existing system which was complex for both families and service providers. This presented an opportunity to design services differently, with the FSS being a vehicle for a new and evolving model.

Keith Mallinson welcomed the FSS report, observing that the existing provision was fragmented, particularly in terms of the support for young people transitioning from children's services to adult provision. With reference to page 39, he enquired about the Joint Venture Special Purpose Vehicle (SPV), and how the partners would be identified and recruited. Robin Barton acknowledged the difficulties inherent in the transitioning process and explained that a procurement process would be followed. A meeting had been held in February which 40 providers had attended.

Rachael Wright-Turner elaborated that there were two different aspects to transitioning. It was correct to identify pathways for young people moving to adult provision but it should be recognised that different professionals work with different groups. Service delivery was less based on the management of need and more based on existing work practices, so could be better configured. The FSS presented an opportunity to better plan and provide for people and that it would be helpful to stop thinking of it in terms of a "children's" service but more holistically, as a "family". This could also include additional adult social care services, as appropriate, with the main focus being people, rather than the different life stages experienced.

Mike Boyle, Director of Strategic Commissioning and Enterprise, Adult Social Care and Health, observed that the FSS presented an opportunity to overcome barriers and would be brought back to the Board for further discussion, as development of the proposal progressed. He explained that this would be an opportunity to explore the potential benefits of having all-age learning disability services, as opposed to the existing provision. One of the key questions was which parts of Adult Social Care provision would fit into the proposed model.

Action: HWB

RESOLVED

1. That the opportunity which the Family Support Programme offers to create an integrated health and wellbeing provider vehicle, which can deliver outcomes for both health and social care commissioning bodies, be endorsed.
2. That the completion of opportunity assessments for the possible inclusion of the following local authority funded service areas within the FSS:
 - Adult Social Care assessment and provider Services; and
 - Local Authority funded emotional wellbeing support, be supported

3. That the completion of these opportunity assessments with appropriate resources and leadership, where relevant, be supported.
4. That, subject to the outcome of the opportunity assessments, the inclusion of these service areas within the FSS Joint Venture procurement, which will allow further exploration of the potential benefits of these services being integrated through the FSS, be noted, with the final inclusion within the FSS subject to appropriate governance decisions, be supported.

98. DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT

Mike Boyle, Director of Strategic Commissioning and Enterprise, Adult Social Care and Health provided a brief outline of the report, which set out 32 detailed recommendations in the Joint Strategic Needs Assessment (JNSA) on dementia, which also included five over-arching recommendations.

Janet Cree expressed support for the approach taken, which offered potential areas of synergy, opportunities for learning and cross-fertilisation which would require more detailed exploration and a structured conversation as to how health and social care programmes could interface, going forward.

Rachael Wright-Turner commended officers on the structure and quality of the JNSA, which offered an excellent example of this type of work, which was supported by members of the Board. Councillor Lukey endorsed this view, adding that Appendix 2 was particularly good.

Mike Boyle commented that one of the key changes and a significant issue was the access to long term care beds in the three boroughs, together with skilled staff who had appropriate expertise and opportunities to access training. He confirmed that a further report could be provided to the Board in due course.

Action: HWB

Janet Cree concurred with the view that this presented an opportunity to identify synergies emerging around the work with the Accountable Care Partnership (ACP).

Councillor Lukey concurred, observing that it was not viable to place the responsibility for care on those who were already active within the community supporting people with dementia. This demonstrated the clear commitment within the community and highlighted existing good practise in dealing with challenging behaviour.

Ketih Mallinson welcomed the report and enquired about how the information would be disseminated to the public on a wider scale. It was explained that

RESOLVED

1. That the progress of the Three Boroughs Joint Health and Social Care Dementia Programme Board, be noted;
2. That monitoring of the progress of the implementation of the JSNA on dementia recommendations, holding to account the parties involved, be agreed; and
3. That the Board continue to support and to promote the partnership work between health and social care to improve the patient, service user and carer experience.

99. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY DELIVERY AND IMPLEMENTATION PLAN: PROGRESS UPDATE AND NEXT STEPS

Harley Collins briefly provided background details to the approach taken to develop the Joint Health and Wellbeing Strategy for 2016-21 (JHWS). Following wide-ranging consultation with stakeholders, and, in development with partner organisations represented on the Board, four key priority areas had been identified. Members of the Board had participated in a highly productive, development workshop on 24th February, led by Andrew Cozens, CBE and funded by the Local Government Association. Building on this foundation, the next stage was to develop the JHWS Delivery and Implementation plan.

Members of the Board briefly discussed the proposed timetable and dates, which were noted as imminent. It was noted that a date for the next workshop, to be held in April, was yet to be confirmed and it was agreed that the existing dates be re-circulated to ensure the availability of members.

Action: HWB

RESOLVED

1. That progress made developing the JHWS Delivery Plan to date be noted; and
2. That the timeline and proposed approach for the further development of the JHWS Delivery Plan, be noted.

100. WORK PROGRAMME 2017/18

Members of the Board briefly discussed proposed items for the municipal year 2017/18, noting that from the earlier discussions, that there would be additional items to include.

RESOLVED

That the draft Work Programme for 2017/18, be noted.

101. DATES OF NEXT MEETINGS

The Board noted the dates of meetings scheduled for the new municipal year 2017/18 and the next meeting of the Board, to be held on Tuesday, 20th June 2017.

Meeting started:	Time	Not Specified
Meeting ended:	Time	Not Specified

Chair

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