

London Borough of Hammersmith & Fulham

# Health & Wellbeing Board

## Minutes



Wednesday 8 February 2017

### **PRESENT**

#### **Committee members:**

Councillor Vivienne Lukey (Chair)  
Councillor Sue Fennimore, Acting Cabinet Member for Children and Education  
Vanessa Andreae, H&F CCG  
Janet Cree, Managing Director, H&F CCG  
Keith Mallinson, H&F Healthwatch Representative  
Ian Lawry, Sobus

#### **Nominated Deputies Councillors:**

Rory Vaughan

#### **Officers:**

Toby Hyde, Head of Strategy, H&F CCG; Harley Collins, Health and Wellbeing Manager, LBHF; Jessica Nyman, JSNA Manager, Public Health; Sarah McBride, Director of Partnerships, LBHF; Stuart Lines, Deputy Director of Public Health; Sarah Thomas, Assistant Director for Innovation and Commissioning, LBHF; Thilina Jayatileke, Senior Public Health Analyst; Naomi Potter, National Management Trainee, Public Health; Colin Brodie, Public Health Knowledge Manager, Public Health and Bathsheba Mall, Committee Co-ordinator, LBHF

### **81. MINUTES AND ACTIONS**

The minutes of the meeting held on Monday, 14<sup>th</sup> November 2016, were agreed as a correct record.

### **82. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Liz Bruce, Clare Chamberlain, Steve Miley, Rachel Wright-Turner, Mike Robinson, Councillor Sharon Holder and Councillor Sue Macmillan. Apologies for lateness were received from Vanessa Andreae.

### **83. DECLARATIONS OF INTEREST**

None.

**84. JSNA PROGRAMME UPDATE: YOUNG ADULTS JSNA, ONLINE JSNA HIGHLIGHT REPORTS AND JSNA FORWARD PLAN**

Councillor Vivienne Lukey, Chair and Cabinet Member for Health and Adult Social Care welcomed Jessica Nyman, JSNA Manager, and Thilina Jayatilleke, Senior Public Health Analyst, for this item, which provided an update on the current programme of work and outlined future proposals for the work programme. Toby Hyde, Head of Strategy, H&F CCG introduced the Young Adults JSNA, which highlighted the collaborative process that was followed. A key aspect of the JSNA had been the identification of the needs of the local population, allowing invaluable correlations to be drawn from key data sets. It was noted that the Online JSNA in particular offered the opportunity to extrapolate data and allow for deep dive analysis, which had been particularly useful for the report on Young Adults (18-25) JSNA.

Jessica Nyman reported that the one of the key priorities in the JSNA forward plan was a deep dive JSNA on the needs of children and young people with Special Educational Needs and complex health needs, a key priority area for Children's Services, giving the forthcoming inspection. A mental health JSNA was also factored into the forward plan, to be undertaken in the next two years.

Toby Hyde commented that the process in examining this particular cohort of the population was interesting, given its transient nature and higher rates of migration. Young adults transitioning from 18-25 comprised 12.5% of the population, with historically very little evidence collected as to their needs. It was explained that this cohort had shown the least improvement medically in the previous 50 years, with evidence suggesting that this was the point at which poor health choices became rooted in risky behaviour, manifesting themselves in later life in form of long term conditions. More detailed evidence would help identify trends and formulate a broad pattern, to help pinpoint risk taking behaviour particularly in respect of substance misuse and mental health. Social isolation amongst young adults was also known to be increasing significantly.

From a health perspective, Toby Hyde continued that 45% of patients surveyed would not feel comfortable in talking to a GP, with a disproportionate percentage of 18 - 25-year-olds preferring to use urgent care centres. There was evidence to suggest that improvements such as accessible digital platforms utilising smart technology might be more in line with expectations. Key findings and themes were set out in paragraph 4.6 of the report. Paragraph 4.7 of the report included summarised recommendations which included piloting an integrated primary care model at one or more GP surgeries and offering additional GP training.

Councillor Rory Vaughan commented that the preference to attend urgent care centres by young adults was not a revelation, but it would be helpful to identify what evidence that was already known in terms of achieving a better understanding of risky behaviour patterns, post 18+. Keith Mallinson, Healthwatch, suggested that drop-in sessions might be a better, more informal alternative, given that the traditional access to GP appointments was

problematic for some groups, particularly in terms of addressing the needs of the homeless, for example, recognising the impact of homelessness on mental health. Councillor Fennimore informed the Board that the Rough Sleepers Commission would be launched this week, to be chaired by the CEO of Crises. It was anticipated that some of the recommendations would address mental health issues and the review findings of the mental health task group would also feed into the work of the new commission, and input into the redesign of services.

Councillor Vaughan agreed, but asked how this would be addressed and work, particularly in terms of consultation and engagement with young people. The ways in which young people accessed GP surgeries needed to extend beyond the traditional primary care settings and it was suggested that GP's could be taken out of the surgery to offer alternative ways by which young people could access services. Ian Lawry, Sobus, reported that they had led a youth partnership, to allow young people to comment and engage on universal redesign work. He took the view that it was not necessary to make it an either or choice, provided the outcome was that GP services were more accessible. Long term, the same cohort would still need to access GP services. A balanced approach of outreach work and engagement with GPs in terms of creating a modernised way forward, was needed. This could also be part of the Integrated Family Support Services (IFSS) conversation.

Toby Hyde, continued the discussion referencing learning from The Well Centre, Lambeth case study (Agenda, page 39) and acknowledged the challenges around designing services that could be more like a youth centre rather than a GP surgery, integrated with modern technology. Councillor Lukey related this to the example of substance misuse and a number of successful projects that were accessible and highly focused, and how these linked to the recommendations. Toby Hyde responded that the key was to how to draw the work together, suggesting an initial development of an informal, model. Councillor Vaughan asked if there was more information (other than risky behaviour) as to why young people preferred not to see GPs, what were the characteristics that defined them, if they were brought up locally, or transient and why they did not have a long standing relationship with a GP. Toby Hyde confirmed that the higher migration rate of 30% in this cohort group could be a factor.

Thilina Jayatilleke, Senior Public Health Analyst, introduced the online version of the JSNA. The JSNA Highlight report was produced annually by Public Health and provided a holistic view of the population, highlighting key population demographic changes. There were a number of key reasons for the development of a web based JSNA. Primarily, it was difficult to source timely data that was both cost effective and low maintenance, excluding the development of a web application. It was also explained that the Public Health team was keen to utilise in-house expertise. The platform reproduced data from other organisations such as the Public Health England databases and required little input from Public Health. A link was contained in the report and members of the Board were invited to explore the tools and available facilities for themselves to provide user feedback. Referencing the PH England database, the key point to note was the difficulty in locating the

required data, if accessed at source, it still required an understanding of how to navigate the database. Looking forward, it would be possible to refresh that data and for this to be included in annual reports so that the most up to date figures could be reported. Councillor Fennimore welcomed the Online JSNA, which could prove to be an invaluable tool for officers, particularly those involved in policy development, supporting the work of the Commissions, who would be able to provide useful feedback. Sarah McBride, Director for Partnerships commended the work as easy to access and very useful, and speculated about the possibility of marketing the concept more broadly. It was agreed that the Communications Team would assist by drafting a press release, highlighting the benefits and facilitate access across the different departments of the Council.

**ACTION:** Board members / LBHF Policy and Communication Teams

It was noted that Information as to who accessed the tool, how often and the kind of data sought, was not retrievable at this time but could be explored in the future, given the value of recording information about who was using the online tool. It was agreed that a demonstration session be organised for NHS colleagues. Jessica Nyman observed that the Online JSNA would be a useful tool in supporting the deep dive work on children and young people, aged 0-25, with complex health and care needs, supporting the JHWB strategic priority on supporting children and young people, best possible start in life. The work would be undertaken by Steve Buckerfield, Head of Children's Joint Commissioning and Steve Comber, Policy Officer, to be completed by the end of the year.

Board members thanked Thilina Jayatilleke and Public Health colleagues for their invaluable work on producing the Online JSNA.

**ACTION:** Public Health / CCG

## **RESOLVED**

1. That the Young Adults JSNA, be approved for publication;
2. That the points made during discussion by the Board, be noted, and that further feedback as to the user experience of the JSNA Highlight Report (Online JSNA) be provided from each of the Board's member organisations;
3. That the Public Health Intelligence Team, will on a rolling basis, as and when available, update the data in the JSNA Highlights Report (Online JSNA) and provide an annual summary of changes made, to the Health and Wellbeing Board; and
4. That the proposals for the future JSNA work programme for 2017/18, incorporating the Children with Complex Needs JSNA, be approved.

## **85. PHARMACEUTICAL NEEDS ASSESSMENT**

Councillor Lukey welcomed Colin Brodie, Public Health Knowledge Manager, who presented a report that outlined the responsibility of the Board to publish a Pharmaceutical Needs Assessment (PNA) for Hammersmith and Fulham. It was explained that the PNA was essentially a statement of need for pharmaceutical services in the Borough and was most recently submitted in 2015. When a provider offered pharmacy services in an area, it was required to apply to NHS England and demonstrate that it responded to the level of need in the area, as set out in the PNA, in order to be included on a pharmaceutical list for that area. The PNA was required to be refreshed every three years and the 2013 regulations also set a legal requirement for the Board to undertake consultation. The updated PNA would need to be in place for 2018

Additionally, it was explained that this was useful evidence for local commissioning. The work by colleagues on the Online JSNA had helped source a map of local pharmacies and it was noted that the update of the PNA would be included in the JSNA work programme. Section 7 of the report set out further issues for the Board to consider, noting in particular, the role of pharmacies. The convenient location of pharmacies had long been recognised as an important feature of local high streets, and further, understanding the role of community pharmacies was helpful in offering context for the JHWB Strategy and the STP, to shape strategy and to prioritise.

The update of the PNA was being undertaken during a time when the financial challenges for community pharmacies were difficult but the impact of the October 2016 decision by the Department of Health to reduce funding in 2016/17 and 2017/18 for NHS contractors providing services under the contract, was not yet known, although it was likely that there might be some pharmacy closures. A further challenge to the PNA assessment was the access to data held by a number of organisations which included PH England, NHS England and local CCGs, for which access would have to be requested.

Keith Mallinson reported Healthwatch concerns regarding the issue of funding for community pharmacies, highlighting the point that appropriate provision should be in place prior to any decision was made to reduce funding. Councillor Lukey observed that the update to the PNA provided a good opportunity to highlight the work of community pharmacies and the range of pharmaceutical businesses that existed. There were many examples of good practice, and Councillor Lukey commented on the campaigns to support the retention of good, local pharmacies, which conducted home visits and took a personal approach, offering practical, confidential advice and support.

Colin Brodie confirmed that the specific requirements of the scope of the PNA were precise but it would be possible to look at trying to capture examples of good practice. Stuart Lines suggested that community pharmacies be considered as an item at the next Board meeting on 20<sup>th</sup> March. Janet Cree, Managing Director, H&F CCG added that the while the requirement and

scope of the PNA was formulaic, there was value around how to interpret the data, particularly in the context of work, for example, undertaken on immunisation, uptake of the flu vaccine and the management of unused medicine. She affirmed that it was important for the CCGs to support this area of work, acknowledging the role of pharmacies in several practices, interfacing with national initiatives. It was also noted that the commissioning of community pharmacies was within the remit of NHS England, but there was a partial element of it which lay within the commissioning services.

Ian Lawry, with reference to the earlier discussion, commented that this could be added to the basic requirements of the Young Adults JSNA. Young adults not wanting to attend GP surgeries, might be more willing to go to local, community pharmacies, and he suggested that this be included as part of the local mapping exercise of local pharmacies. Colin Brodie explained that as part of the PNA, a survey of pharmaceutical businesses was undertaken. One question that they were asked was about what other services they might be interested in providing, so there was scope in exploring this further to gain insight into potential interest. There was a requirement to produce a specific document that contained a wealth of information, which would indicate and inform, local need, that community pharmacies could support.

Councillor Fennimore referred to the report of the Poverty and Worklessness Commission and the 10 recommendations that it set out, some of which related to health. She suggested that a link to the report be usefully shared. Councillor Vaughan, reiterating previous drafting points, asked that officers consider the way in which the PNA was structured and the need to ensure clear explanations, avoiding technical jargon where possible. He observed that this was a opportunity to highlight good practice in community pharmacies and how they supported the needs of residents. He added that a qualitative analysis of data from the survey would also provide evidence to demonstrate how pharmacies supported initiatives such as immunisation uptake and identify likely future developments, noting the role of the NHS in this process.

Colin Brodie concurred that they had previously struggled to obtain data, noting that the NHS were under resourced in supporting the process. The production of data was timely and rich with information, to sufficiently inform the report, but additional information about, for example, local regeneration and developments was also helpful, in order to better identify the future need for pharmacies in these areas. Councillor Lukey agreed that more data should be collected to better inform the PNA. Janet Cree cautioned that this was technical work and expressed concern about the Board's expectations in requesting something that was broader. While the CCG indicated that they would happy to contribute to the work, there was a need to think through the scope of the requirement of need was and what fell outside the scope of the PNA. With reference to section 6.3, page 105 of the report, members of the Board agreed that it might be helpful to produce two reports in parallel, one that was technical and met statutory requirements for producing the PNA, and a second document, which could be potentially an adaptation of the technical document, that contained greater detail.

**RESOLVED**

1. That the current Pharmaceutical Needs Assessment and Department of Health guidance on PNAs, be noted;
2. That the arrangements for producing the PNA, as set out in the report and as discussed by the Board, be approved;
3. That the Board's discussion of role of community pharmacies to deliver local strategies and priorities, particularly the Joint Health and Wellbeing Strategy and the Sustainability and Transformation Plan, be noted; and
4. That the Health and Wellbeing Board member organisations agreed to provide any data necessary to complete the PNA, where they were the source organisation.

**86. HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY: DELIVERY AND IMPLEMENTATION PLANNING**

Harley Collins, Health and Wellbeing Manager, presented the report which provided an update on the development of a Delivery Plan for the Hammersmith and Fulham Joint Health and Wellbeing Strategy 2016-21 (JHWB), and invited the Board to endorse the selected approach in progressing the work. It was explained that the Board and the Council, had considered and endorsed the strategy.

While the JHWB strategy was a high level report, it had identified four key priority areas, but did not provide the necessary detail about the projects that would underpin the strategy. Further work would be required to complete this, integrating information about the projects, service provision and key milestones. A small partnership group had been established which consisted of Children's Services, Adult Social Care and the CCG, to develop the Delivery Plan. The group would also assist with preparations for the Health and Wellbeing Board development day, to be held on Tuesday, 14<sup>th</sup> February. Board members on the development day will consider action plans, leadership and ownership of priorities, governance mechanisms, identify partner providers and establish how the work will be delivered. The aim was to present the draft delivery plan in spring 2017, for approval.

Councillor Vaughan enquired what the outcome had been to the suggestion from the Health, Adult Social Care and Social Inclusion, Policy and Accountability Committee, of whether to include a fifth priority, specifically addressing the needs of older people. It was explained that the references to older people within the strategy would be made more obvious and phrased with greater clarity. The strategy would shortly be published on the Council website and a press release would also be issued.

## **RESOLVED**

1. That the progress made with the development of the Delivery Plan to date, be noted;
2. That the comments of the Board members during the discussion of the report, be noted; and
3. That the programme of engagement with stakeholders to develop the Delivery Plan, taking place over the coming 6-8 weeks, be noted.

### **87. BETTER CARE FUND 2017/18**

Sarah McBride, Director of Partnerships presented the report, which set out for the Board progress towards developing Better Care Fund arrangements for 2017/18. Guidance was expected to be issued in November 2016 and had been delayed, and as a consequence, there may be a reduced timeframe in which to complete plans. The Board was asked to note the possibility that an extraordinary meeting of the Board might be required to ratify the plans. The Board noted that learning from the previous year would be rolled over and set in the context of the Health and Wellbeing Strategy. The intention was to have a smaller number of projects with a more manageable, embedded approach.

**ACTION:** Adult Social Care / CCG

## **RESOLVED**

1. That progress towards the development of arrangements for the Better Care Fund 2017/18, be noted; and
2. That the Board note that officers anticipate that an extraordinary meeting of the Board may be required to ratify the final Better Care Fund 2017/18 plan, should the required timescale fall outside the timetabled meetings of the Board for 2017/18.

### **88. DELEGATED PRIMARY CARE COMMISSIONING**

Councillor Lukey invited Janet Cree, Managing Director of the H&F CCG to present the report, which informed the Board of the CCG's application for fully delegated (level 3) commissioning arrangements for primary care medical services, commencing from 1<sup>st</sup> April 2017. Under the current co-commissioning, NHS England retained responsibility for existing primary care arrangements, and discharged in conjunction with the CCG. The CCG Governing Body had in November 2016, discussed the process of submitting the application to NHS England, which would now be considered and voted on, by members of the CCG. If the feedback from members did not support the application to fully delegate services, the application would be withdrawn. The Board were informed that the CCG were currently undertaking engagement work with members across the Borough, in addition to progressing governance work streams, so that the CCG was fully cognisant of what was going on. Janet Cree explained that this was a substantial piece of



work, being undertaken at the same time along with the seven other North West London CCGs, going through the same process. The consultation would take place between 1-14<sup>th</sup> February, through an online voting process with a single vote for each practice, and validated an external invigilator. The outcome of the voting process was to be determined by members and not the Governing Body of the CCG.

Keith Mallinson reiterated the previously communicated concerns of Healthwatch, regarding the implementation of the STP, and invited the CCG to reconsider proposals for it.

## **RESOLVED**

1. That the voting outcome of the H&F CCG membership as to whether to progress the application for fully delegated primary care commissioning, be reported to the Board in due course; and
2. That the report be noted.

## **89. QUALITY PREMIUM: 2016/17 UPDATE AND 2017/18 PLANNING**

Janet Cree, Managing Director, H&F CCG, presented the report which provided an update on the Quality Premium for 2016/17, and, planning arrangements for 2017/18. It was noted that the premium was intended to reward CCGs to improve the quality of commissioned services, health outcomes and reduce health inequalities in access to services. Janet Cree explained that there was a common theme around the guidance and that each CCG was required to select a set of Quality Premium indicators. It was noted that the premium paid was based on CCG performance against measures that incorporated a range of national and local priorities, according to the CCG constituted standards.

Janet Cree explained the outline for 2017/18 and confirmed that a review of baseline information and related measures will most likely be agreed at CCG operational group meetings but that the Board will be kept informed. The two likely areas of focus across the NWL CCGs will be diabetes and hypotension.

## **RESOLVED**

That the Health and Wellbeing Board note the performance against the 2016/17 Quality Premium indicators and requirements for the 2017/18 submission.

## **90. WORK PROGRAMME**

The Board briefly discussed and noted the work programme as set out in Appendix 1 of the report. It was agreed that the item on Accountable Care Partnerships be postponed to a later meeting and that the federation be invited to present a report on their collaborative work. Keith Mallinson asked that an item around the new mental health initiatives implemented by MIND be added to the work programme.

**RESOLVED**

That the forward work programme be noted.

**91. DATE OF NEXT MEETING**

It was noted that the meetings for the new municipal year 2017/18 would be agreed at Council on 22 February 2017. The final meeting of the current municipal year will be held on Monday, 20<sup>th</sup> March 2017.

Meeting started: 6pm  
Meeting ended: 7.34pm

Chair .....

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