

# Health & Wellbeing Board Minutes



Wednesday 13 September 2017

## **PRESENT**

### **Committee members:**

Vanessa Andreae, H&F CCG  
Councillor Ben Coleman (Chair)  
Janet Cree, H&F CCG  
Ian Lawry, Sobus  
Steve Miley, Director of Children's Services  
Keith Mallinson, Healthwatch  
Lisa Redfern, Interim Director of Adult Social Care  
Mike Robinson, Director of Public Health  
Dr Tim Spicer, H&F CCG (Vice-chair)

### **Nominated Deputies Councillors:**

Sharon Holder, Rory Vaughan

**Officers:** Harley Collins, Health and Wellbeing Manager; Carolyn Regan, Chief Executive, West London Mental Health Trust; Davey Thompson, Associate Director, Better Care Fund Lead, H&F CCG and Graham Terry, Head of Partnership and Development, ASC

## **112. MINUTES AND ACTIONS**

The minutes of the previous meeting held on 20<sup>th</sup> June were amended to include apologies for absence from Councillor Rory Vaughan and agreed.

There were no actions arising.

## **113. APOLOGIES FOR ABSENCE**

## **114. DECLARATIONS OF INTEREST**

Keith Mallinson declared an interest regarding his employment with MIND. Dr Tim Spicer declared an interest as practicing GP working within LBHF.

## **115. DRAFT BETTER CARE FUND**

The report provided details of the Better Care Fund Plan for 2017/19 (BCF). The government issued late guidance in July, setting a submission date of 11<sup>th</sup> September, within a short timeframe. This meant that much of the considerable collaborative work undertaken to prepare the plan had been undertaken before the meeting. Councillor Coleman commended officers for the highly detailed and comprehensive report, which had been put together in a very short time period, developed through extensive dialogue and agreement with partner organisations.

Davey Thompson, Associate Director, BCF Lead, explained that this was the third BCF submitted in two years and had been amended to align with other local authorities and the CCG. The number of schemes taken forward had been reduced to 7, after a number of previous schemes were now operating as business as usual. It was confirmed that collaboration throughout the process had been a key factor to facilitate formal signing off.

Referring to section four, the Board noted progress built throughout 2016-17, translating the vision for integration into a strategy and delivery plan that was both assured and demonstrated confidence in the partnership between local authorities and CCGs. Section five set out high level figures, indicating a jointly agreed budget of £43.708 million. This included a minimum £5.782 million, to be transferred to Adult Social Care, in order to protect frontline services and to meet a condition of the BCF.

Keith Mallinson expressed concern about the provision of podiatry service being withdrawn from people with long term conditions such as diabetes. Janet Cree explained that podiatry services did not form part of the service provision covered by the BCF. Councillor Vaughan confirmed that this had been highlighted at the previous evening's Health, Adult Social Care and Social Inclusion, Policy and Accountability (HASCSIPAC). It was intended that that this be considered at its next meeting in November.

Ian Lawry commented that the voluntary and community sector in Hammersmith and Fulham was broadly supportive and welcomed the BCF view on integration but felt this could go further and encompass the voluntary and community sector as a collective, ensuring a more devolved process of delivering care in the community. He cited the examples of MIND and the White City Enterprise, recognising the need to consider the social determinants of ill-health.

Commenting further, Keith Mallinson, highlighted further concerns regarding a lack of consultation, making the point that many viable projects were delivered short term, the result being a negative impact on recruitment and job security, with insufficient resources to meet need. Graham Terry responded that it was important that ASC continued to work closely with the CCG, delivering greater integrated care, and, help build more resilient and robust communities. ASC was well positioned to be able to help individuals make the most of community assets, eventually reducing the cost to the service. Graham Terry agreed with the views expressed and supported a socially inclusive approach which would more proactively involve the voluntary sector. Councillor Coleman acknowledged the work of White City

Enterprise in building the links between individuals and groups in the locality which provided local community support, facilitating greater connections between them. Councillor Coleman indicated that he supported the development of closer work with the voluntary sector. Ian Lawry responded that he was keen to help support a more collective, community based approach. He acknowledged that there had been progress but that he would like to see more integration of care in the community, not just with GP services, which would help alleviate pressure.

Janet Cree observed that the 'real' work would now commence now and that the Board would need to formally monitor the delivery of the BCF. Davey Thomson added that a deep dive consideration of the schemes would be required, expected to be complete by December 2017 against national metrics. A progress report to the Board could be prepared for its meeting in January 2018.

**ACTION: BCF Progress update (January 2018) - All**

Councillor Coleman thanked officers and partnership agencies for their contributions on what was a complex area of work, delivered within challenging circumstances. Councillor Coleman stated that he would be formally writing to the Department for Health to raise his concerns regarding the issuing of delayed guidance within a short timetable.

**ACTION: Chair of the Board**

RESOLVED

That the Health and Wellbeing Board endorse the Integration and Better Care Fund Plan for 2017-19.

**116. PRIMARY CARE STRATEGY**

Janet Cree explained that the report provided an update on the current position of the Like Minded Strategy, covering specifically, locally deliverable actions within Hammersmith & Fulham. The final strategy, which had been agreed at the CCG's AGM the previous evening, had not been included in the papers but was made available following agreement at the AGM meeting.

Janet Cree commented that while access to primary care had improved, for example out of hospital services such as diabetes or the Community Independence Service, there was more that could be done to integrate care across the system, while ensuring a more sustainable primary care structure. She added that primary care networks (PCNs) in the strategy would enable GP practices and wider services to collaborate. PCNs would be unified and collectively deliver community services through a platform of a Multispeciality Community Provider (MCP). Referencing Appendix 1 to the report, Janet Cree explained that local engagement events had been held throughout July and the response from participants had been incorporated into the final strategy, which included adapting technical language and patient case studies.

Section 4.6 of the report identified a number of workstreams to support the implementation of the strategy. The transformation journey would involve the development of links with providers as this moves towards a more accountable care partnership (ACP). It was notable that this already existed in Hammersmith & Fulham but that the links would need further development.

Lisa Redfern welcomed the report and suggested that a transformation board or group would be helpful to facilitate the ACP, or similar mechanism to capture multi-faceted, on-going work. Dr Tim Spicer commented that while he welcomed the suggestion to form a transformation sub-group, he observed that this a hugely complex and non-static of work, which required an overarching level of expertise that could not be provided by a single individual. Councillor Vaughan added that it was important for the Board to have oversight in order to evaluate the impact. Vanessa Andreae confirmed that the timetable for implementation would commence in October. She added that there were two fundamental issues, the first, that patients needed access to services. A second issue was the need to secure GP practices, without causing disruption to existing networks.

Moving the discussion forward, Councillor Coleman asked about the underlying reasons for the work and what would be the outcome for residents (patients). Dr Spicer explained that it was important for patients / residents with complex needs, being cared for by a multi-disciplinary team, to feel that care was being provided seamlessly. Currently, 13% of patients held this view, which could be improved. Janet Cree concurred, adding that the aim would be to remove from ASC those with long term complex needs, to care delivered through MCPs. Councillor Coleman emphasised the importance understanding the resident experience and identify their expectations. Vanessa Andreae confirmed that the patient experience had been included, so the patient's voice was embedded within the development of the strategy.

Keith Mallinson queried the level of consultation undertaken. Patients with complex needs could not be expected to traverse the borough to receive treatment. Mike Robinson commented that the resident experience could be provided by the PCN but this might not necessarily reflect PCN aspirations. Vanessa Andreae cited the example of the anti-coagulation service, which had recently been transferred to CLCH. A positive response to the transfer had been received from both patients and GPs.

Harley Collins observed that a proper evaluation of patient experience was required and suggested that this could be facilitated either through a HWB transformation sub-group or through HASCSIPAC, a view which was endorsed by the CCG, to ensure that the patient voice was reflected. Councillor Coleman reiterated that residents were at the very heart of the Council's approach. Improved communication with residents was required, with resident's needs being contextualised through the receipt of improved care.

Steve Miley explained that Children's Services were developing a family support service and asked if the CCG required input from Children's Services. One of the aims was for example, to have a representative from family

services in every school in the Borough and invited input from Board members to better understand how to shape family services in the context health partnership working. The CCG indicated that this input would be welcomed and a good opportunity to work collectively. Janet Cree responded that they were sighted on Children's Services developments and would like to include this work, going forward.

Graham Terry explained that it was a challenge to capture data and to understand infrastructure, to properly inform decision making. The PCS was essentially the first building block, and that not undertaking this work would make it harder to deliver integrated care. In discussing the issue of utilising the benefits of data analysis and sharing data between organisations, it was agreed to explore this further at a meeting to be arranged between ASC, Public Health and the CCG.

**ACTION: ASC, Public Health and CCG**

With reference to Appendix 2, Ian Lawry highlighted the use of terminology such as "primary care collaboration", which was a collective of GP practices or a primary care hub, working both autonomously and collaboratively. It was explained that the PCS would not result in an increase of resources but was about how to reconfigure existing provision, refocused on supporting residents.

Responding to Councillor Holder's concerns about insufficient consultation undertaken by the CCG, Janet Cree explained that there was an engagement strategy in place, to engage with stakeholders across the Borough, including LHBF Councillors. There was a general agreement that clear communication of details about services was fundamental for ensuring full engagement.

**RESOLVED**

That the Board note the progress to date on developing the vision set out in the report and endorsed the CCG working closely with Public Health, Children's Services and Adult Social Care teams to progress the implementation of the Primary Care Strategy.

**117. LIKE MINDED STRATEGY UPDATE**

Councillor Coleman welcomed, Carolyn Regan Chief Executive of West London Mental Health Trust (WLMHT). The report provided an update to the Board on the key elements of the strategy, which fell within Delivery Area 4 of the Sustainability and Transformation Plan (STP), improving mental health services. With emphasis on delivering community health care, the aim was to ensure the right support was in place to treat mental health conditions. To illustrate, Community Perinatal Mental Health commenced at WLMHT in April 2016, providing targeted, community based support for women, and their families, with pregnancy related mild-to-severe mental illness.

It was noted that the distribution of services for long term conditions and mental health needs across the Borough was good. There was a new enhanced GP service offering extended appointments and work was on-going

with practices to ensure a good uptake of services on enhanced GPs “offers”. The Transforming Care Partnership (TCP), for people with learning disabilities and complex long term conditions, recognised the importance of a safe and seamless transfer into a community setting, rather than in a specialist learning disabilities hospital.

With reference to the TCP, Keith Mallinson welcomed the report but observed that the lack of a joined up approach between departments contributed to a deterioration of long term conditions, acknowledging the link between housing issues and mental illness.

Lisa Redfern queried the impact of implementing the strategy on resources and sought assurances that this would not result in the loss of beds. In response, Carolyn Regan explained that mental health was a priority area and that there would not be any proposals to reduce beds in LBHF. Ealing had more acute beds for longer stays but there were also vacant beds, indicating a need to look at the overall allocation of resources. Acknowledging that LBHF residents were also placed in Ealing facilities, it was explained that each borough predominantly provided for its own residents and that the use of the bed changed on a weekly basis.

Following further discussion, the Board received an assurance that WLMHT would inform them of any proposed bed closures. It was explained that there was a joint mental health transformation board consisting of the three boroughs and that considerable work was being undertaken with residents to facilitate early intervention. Mike Robinson commented that encouraging residents to be more proactive about their own care will help alleviate pressure on services, and the impact of long term mental health conditions.

Steve Miley referred to the suicide awareness training being rolled out to 700 frontline staff across the three boroughs and enquired if this could be extended. It was also noted that there was embedded support through CAMHs (Children and Adolescents Mental Health Services) and statutory cover for looked after children aged 21-25 years. Support for this small cohort of care leavers mental health conditions was important, particularly in terms of ensuring access to services. Given this and the recent Transitions report from the policy and accountability task and finish group, Janet Cree agreed to explore the issue further, with a view to providing a report to the Board in either November or January, setting out what could be a collaborative approach. In response to a question on desired outcomes, Steve Miley indicated that he would like to see the same level of support services currently provided for 18 year olds, replicated for 21-25 year olds. It was accepted that the CCG could not commit to this without further analyses and the identification of resources. It was recognised that it was important to involve health colleagues in this area of work.

**ACTION: CCG to further explore the provision of services to 21-25 year olds, with a report to the Board, anticipated for November or January 2018**

**ACTION: CCG to contact Director for Children’s Services regarding suicide awareness training**

## 118. WORK PROGRAMME

Members of the Board considered items listed provisionally in the Work Programme (Appendix 1 to the report). Commenting on the item on “one public sector estate”, Janet Cree agreed that this could be a joint report but did not necessarily need to come to the Board. Commenting on the “social isolation item”, Mike Robinson referred to development of the Tackling Social Isolation and Loneliness Strategy. Ian Lawry suggested that Sobus could invite interested groups to the next meeting of the Board to help identify key issues. The suggestion was welcomed by members.

While it was accepted that there were mechanisms in place to avoid duplication of grant allocations, Vanessa Andreae suggested a report which mapped out grant allocations made by both the CCG and the local authority. Joint co-ordination to explore this would be helpful to ensure a joined up approach. This could also be mapped to the priority areas of the Joint HWB Strategy.

Mike Robinson commented on the “healthy lifestyle” item. He explained that Public Health was considering the consolidation of large numbers of small contracts. This was an issue for the Board to consider, particularly in terms of how this aligned with the PCS and grant allocations.

Harley Collins referred to the draft pharmaceutical needs assessment, which would need to be published by April 2018 and would require a 60-day consultation period, taking place between November 2017 and January 2018. It was agreed that this could be addressed outside of the current cycle of meetings.

Councillor Holder suggested that further discussions were required around the way in which consultation and engagement with residents was conducted with residents on health matters.

Lisa Redfern highlighted the local authority’s statutory responsibility to consider the annual report of the Safeguarding Adults Executive Board and it was accepted that this would need to be considered by both the Board and HASCSIPAC.

Following detailed discussion, it was agreed that the following changes would be made:

- Delete STP updates;
- HWB Priority Area 1 – Integrated Services for Children and Young People, to be rescheduled for a later meeting;
- Whole Systems Commissioning Intentions – Remove, as covered under STP;
- One Public sector estate – CCG to further explore, as noted.

There were three items agreed for the November meeting:

- Healthy Lifestyle service (LBHF)
- Mapping exercise of CCG and local authority grant allocations
- Social Isolation and Loneliness – invite Councillor Fennimore, interested residents and stakeholders.

It was agreed that the January meeting would look at transitions work and consider the findings of the Disabled Peoples Commission. The Board also noted that a view would be required on when to programme a workshop style discussion on the Joint HWB Strategy, provisionally planned for January.

RESOLVED

That the Work Programme be amended to reflect the discussion and agreed changes, set out as minuted.

**119. DATES OF NEXT MEETINGS**

The date of the next meeting of the Board was noted as Tuesday, 21<sup>st</sup> November 2017.

Meeting started: 6pm  
Meeting ended: 9.10pm

Chair .....

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