

London Borough of Hammersmith & Fulham  
**Health & Wellbeing Board**  
**Draft Minutes**



**Wednesday 21 March 2018**

**PRESENT**

**Committee members:**

Vanessa Andreae, H&F CCG  
Councillors Ben Coleman (Chair)  
Janet Cree, H&F CCG  
Keith Mallinson, H&F Healthwatch Representative  
Lisa Redfern, Director of Social Care  
Dr Tim Spicer, H&F CCG

**Nominated Deputies Councillors:**

Sharon Holder, Lead Member for Hospitals

**Officers:** Colin Brodie, Public Health Knowledge Manager; Dr Ashlee Mulimba, Healthy Dialogue; Lisa Redfern, Director of Social Care; Graham Terry, Head of Health Partnerships

**134. MINUTES AND ACTIONS**

The minutes of the previous meeting held on 20 February 2018 were agreed as an accurate record.

**135. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Rory Vaughan and Sue Macmillan; and Janet Cree.

**136. DECLARATIONS OF INTEREST**

None.

### **137. BETTER CARE FUND**

Graham Terry presented the Better Care Fund (BCF) report which provided a high-level Quarter 3 information, delayed by guidance being issued. This was a precursor to Quarter 4 data available in May/June. The report was being considered by HWB as it was responsible for signing off the BCF plan and review the progress made since submission. The Community Independence Service (CIS) continued to be a priority across all three HWB areas with very good performance on delayed transfers of care. The current contract was due to expire in July 2018, with agreement by senior health and social care leads to roll this forward until end of March 2019, to enable a full quality and financial review of the service has been undertaken. As CIS continued to play a strong role in parallel with other services.

Previously low performance on Delayed Transfers of Care (DToC) had been improved, largely due to focus and dedicated leadership from Lisa Redfern and her team to reduce DToC. There was now an upwards trajectory achieving above what was expected and this would meet the cumulative target in July, despite winter figures. The Integrated Care Partnership had been formally signed off with a two-year agreement, operating as committees in common. This provided agreement for a group of partners focused on integrated care to improve care pathways for LBHF residents. A seven-day social work team had been established to provide continuity of care throughout the week. Financial implications meant that both partners faced cost pressures, with a section 75 health funded services shortfall of £9.8 million (covered in report to the September 2017 HWB).

Keith Mallinson expressed concern regarding the introduction of Accountable Care Organisations (ACOs) in the context of Sustainable Transformation Partnerships (STPs) and the fact that LBHF had not agreed to the STP. Graham Terry reported that general concerns about this had been recently discussed at a Kings Fund meeting and no assurances had been offered. Surrey Borders Partnerships NHS Foundation Trust had delivered without an ACO or an integrated partnership. There had been some evidence of frontline working and the benefit to residents and how this had developed, questioning the arguments in support of an ACO, a view which was in line with the LBHF approach.

Councillor Ben Coleman confirmed that there were concerns about ACOs, and unsubstantiated claims about the benefits. Integration was more a term about centralised control. Councillor Coleman said that more robust action might necessary but that they would be happy to continue with local projects such as diabetes if they continued to provide proven health benefits for LBHF residents.

Councillor Coleman commended Lisa Redfern, Graham Terry, and colleagues for their work on DToC, together with CIS. He recognised that failure to deliver the required targets would jeopardise funding. This was a significant achievement given the low numbers from last year and he acknowledged the hard work undertaken to achieve this. Councillor Coleman suggested that residents should know about good work like this going on in

the Borough and congratulated the CIS team. Councillor Coleman and Lisa Redfern had visited the team at Charing Cross and had been impressed with both the service and the Team's ideas for improvement.

**ACTION: ASC / COMMUNICATIONS TEAM**

Vanessa Andreae also thanked Sue Wisden and her team which had also played a significant role in supporting CIS. She acknowledged that there remained further refinement work to CIS but the CCG and registered partners were still outliers, in terms of going into hospital non-elective care which would need to be addressed. There was a pattern linked to respiratory, urine infections, with the data for LBHF indicating higher occurrences but not necessarily more. There was a clinical backstory as to why residents end up in hospital and a need to consider how to manage things to prevent this. Councillor Coleman enquired how CIS figures for Hammersmith and Fulham compared to WCC and RBKC. This was not an unfavourable comparison and it was agreed that this was a question of mapping data. It was agreed that a report would be prepared for the Board to consider comparative shared data on non-elective admissions.

**ACTION: HWB / PH / CCG**

**138. PHARMACEUTICAL NEEDS ASSESSMENT**

Colin Brodie and Dr Ashlee Mulimba presented a report on the Pharmaceutical Needs Assessment (PNA). The draft PNA was in the final stages of completion, following an earlier draft prepared in November 2017, Consultation had been undertaken from December to February 2018. With feedback from CCG, NHS England (NHSE) and pharmacies. The HWB was statutorily responsible for the PNA statement of need for pharmaceutical services, with a requirement to categorise services. LBHF had a good network of pharmacy with no gaps in necessary services.

In response to a query from Vanessa Andreae, Colin Brodie explained that the only key change was the perceived gap in terms of opening hours, particularly in the northern part of the Borough. The only time that a person might need a prescription urgently during out of hours was if they received palliative care. The draft PNA had introduced a recommendation that this was an area that should be looked at. NHSE was reviewing palliative care, out of hours prescriptions and what this might will look like. They had also recommended that NHSE commissioners consider out of hours consultation. There were plans for piloting an out of hours service in LBHF and a trial process would be helpful in terms of identifying long term need.

Lisa Redfern welcomed the report. Referring to page 97 of the pack, care home advice service, she asked how care homes were advised. Colin Brodie explained that currently, advice was largely given by private providers. It was important to understand this aspect and how out of hours service linked to provision for rough sleepers. It was understood that there was also a lack of provision for sexual health screening treatment. Vanessa Andreae explained that this was privately commissioned, and was like the provision of weight management services.

Colin Brodie explained that one of the purposes of the PNA was to identify areas where services could be commissioned in future and potentially identify missed provision. Once the PNA was submitted it would be reviewed by NHSE. NSHE recommendations were looking to expand on the provision of health campaigns. Pharmacy funding conditions included a provision that they participate in up to 6 public health campaigns per year. Colin Brodie was unclear as to how this provision worked in practice and agreed to report back.

**ACTION: Public Health**

NHSE monitored health campaigns, with some being monitored privately. Colin Brodie explained that there were four categories of service. This included those that were essential and advanced services, which commissioned by NHSE (e.g. smoking cessation). The new Director of Public Health would be responsible for monitoring the take up of services, which would allow them to better understand commissioning needs.

Keith Mallinson referenced paragraph 6.21 and the purchase of medication, expressing concern about the implementation of the policy. The lack of communication had caused confusion and some patients had misunderstood the changes. Vanessa Andreae explained that GP's should ask patients if they were prepared to buy medication that was available without prescription. If not, then it would be provided on prescription. To ensure that the patient was enabled to take responsibility for their own medications, prescriptions would no longer be available on repeat. Approximately 20% of patients were likely to purchase medicines. This would help reduce waste and allow any changes to be identified through a review of patient medication.

Vanessa Andreae acknowledged that some patients were getting the wrong message. GPs should provide a simple message to inform patients more clearly about the changes to the policy and what this would mean for them. It was agreed that the CCG would explore this further and that Healthwatch could work with the CCG to look at how communications could be clearer. Councillor Coleman asked if it was possible to measure how many patients might struggle to gain access to medication, now that it was no longer available on repeat or as an emergency. Vanessa Andreae responded that most practices had contingency policies to provide for patients in need, but individual practices would determine themselves how to implement the practice guidance information disseminated to them. Theoretically, practices would know the number of the repeat prescriptions being issued and that there were systems in place to ensure that high risk patients did not miss out, e.g. those on insulin. Vanessa Andreae confirmed that the CCG would work with Healthwatch to look at the way in which messages were being communicated to patients.

**ACTION: CCG and Healthwatch**

In considering a possible follow up note to HWB regarding how palliative drugs were dealt with nationally, Lisa Redfern asked what the period was for NHSE to issue recommendations and further guidance. In terms of HWB responsibilities, what was the audit trail and what was the best method to

communicate the Board's views, which she felt was unclear. Dr Mulimba confirmed that the recommendations were for NHSE and that there was a statutory responsibility to produce the PNA. It was clear that further thought was required as to how the recommendations in the report would be taken forward effectively.

With reference to pages 95 and 96, section 7.11, Councillor Sharon Holder identified large gaps across parts of the Brough in the provision of sexual health treatment, with a concentration in Shepherd Bush. Hammersmith Broadway and Sands End had no weight management services. Dr Mulimba explained that the commissioning arrangement was to provide these services outside of pharmacies and were privately commissioned. The Council commissioned weight management services. HWB was invited to sign off on a report with key recommendations but a more comprehensive picture was needed.

Lisa Redfern welcomed the report but observed that the board would like to feedback it's concerns to the NSHE, and would like a response to these. A number of comments and amendments were suggested. The following specific amendments were made on the following recommendations (listed at Agenda page 26):

#### Recommendation 1

The Board would like to endorse the review on palliative care understands that NSHE is reviewing advanced service including palliative care, as we feel that there may be need for provision of the service in the borough. The Board would support the review and would like to know when it will report.

Recommendation 2 - The Board expressed concern regarding the rates of death caused by respiratory diseases. It was agreed that they would ask the GP Federation to explore this issue and come up with ways to improve adherence, and, find out about best practice.

Recommendation 3 - Some areas in the borough do not have a pharmacy open before 9am or after 7pm. Graham Terry explained that if there were significant changes, there was a statutory requirement to review this (in the context of population projected rises of residents in the Borough. Population rise projection included (Agenda page 25, para 4.23) an increase of 2.39% by 2021. The Board considered that if the increase exceeded the projected figure that the PNA be reviewed. Councillor recommended that the new Public Health team monitor population growth, so JNSA could be reviewed. It was agreed that Recommendation 3 be deleted.

Recommendation 4 - The Board agreed to write to NSHE regarding national health campaigns and requested that the new Director of Public Health review how pharmacies can be brought to work together.

### **139. WORK PROGRAMME**

To be agreed.

**140. DATE OF NEXT MEETING**

To be confirmed.

Meeting started: 6pm  
Meeting ended: 8.05pm

Chair .....

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