



London Borough of Hammersmith & Fulham

Shadow Health & Wellbeing Board

Minutes

25 March 2013

PRESENT

Councillor Marcus Ginn, Cabinet Member for Community Services (Chairman)
Eva Hrobonova, Deputy Director of Public Health
Abigail Hull, H&F CCG
Dr Susan McGoldrick, H&F CCG
Trish Pahley, LINK representative
Dr Melanie Smith, Director of Public Health
Dr Tim Spicer, Chair of H&F CCG
Martin Waddington, Director ASC Procurement & Business Intelligence and H&F Borough Director
David Evans, Senior Policy Officer
Sue Perrin, Committee Co-ordinator

Guests

Cath Attlee, Assistant Director, Joint Commissioning Adults
Suzy Blackledge, Team White City Programme Director
Peter Okali, Director of CaVSA

1. MINUTES AND ACTIONS

The minutes of the meeting held on 21 January 2013 were approved, subject to the amendment of item 4 'Everyone Counts: Plans for Patients 2013/2014', final paragraph resolution to read:

RESOLVED THAT:

The Board recommended that **one of** the following two proposals for the quality premium be taken forward:

- Child Immunisation and MMR
- Flu vaccination

and that **two** of the following be taken forward:

- Enhancing Quality of Life: Long Term Conditions
- Physical Health Checks: Severe and Enduring Mental Illness
- End of Life: Care and Planning

The CCG subsequently decided to take forward:

- Child Immunisation and MMR
- Enhancing Quality of Life: Long-term Conditions (specific to diabetes)
- Physical Health Checks: Severe and Enduring Mental Illness

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Helen Binmore and Andrew Christie.

3. DECLARATIONS OF INTEREST

4. THE WHITE CITY COMMUNITY BUDGET

Suzy Blackledge and Cath Attlee presented the report, which set out the outline business case for a Community Health and Wellbeing Hub around the White City Collaborative Care Centre (WCCCC).

White City had been granted pilot 'Neighbourhood Budget' status by the Government. The proposal was to link into the Team White City Neighbourhood Community Budget, in order to pilot a programme, which could be rolled out through the Borough. Work with residents was ongoing over the whole remit of services. In addition, feedback had been captured from a number of engagement events with residents, patient groups and providers.

The outline business case was a work in progress and would be submitted through the approval process. It aimed to articulate the development of the hub with resources already available, thereby ensuring maximum value of the WCCCC. On the basis of residents' feedback, eight projects had been identified to contribute to the delivery of a Hub and to help generate community ownership.

There was commitment from Public Health and the Clinical Commissioning Groups in the White City area for 2013/2014, but currently no firm commitment for 2014/2015.

Abigail Hull queried the specific link to the current WCCCC plan. Ms Blackledge responded that the WCCCC would be a new physical asset and the Hub would integrate with it., for example planning permission for events and weekends would potentially allow the centre to be used by the community, in addition to its health and social care role. Dr Susan McGoldrick added that the Hub was on the agenda for the H&F CCG and their comments would be included in the next draft.

Dr Melanie Smith considered that recommendations in respect of governance arrangements should be brought to the HWB, whereas funding commitments should be discussed with individual agencies.

Dr McGoldrick noted the importance of a link to general practices.

RESOLVED THAT:

The Shadow Board noted and, subject to the detail around services and the budget being further explored, endorsed the proposals.

ACTION:

The final proposals for the Health and Wellbeing Hub to be circulated to members.

Action: Suzy Blackledge/Cath Attlee

5. JOINT HEALTH & WELLBEING STRATEGY: DELIVERY PLANS

The Board considered the delivery plans for the priorities in the Health & Wellbeing Strategy (with the exception of the mental health services delivery plan, which was expected to report in June) and the next steps.

Members commented as follows:

- Priority 2: To deliver the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
The cover sheet should be re-written to show how the priority would be delivered.
- Priority 3: Supporting young people into a healthy adulthood.
The work in respect of the relationship between the HWB and the Children's Trust Board should be delegated to the Children's Trust Board.
- Priority 4: Every Child has the best start to life.
The actions were not considered to be actions for the HWB.
- Priority 5: Childhood Obesity
It had not been agreed whether the stakeholder conference should be bi-borough or tri-borough, and a date had not been set.
- Priority 6: to develop better access for vulnerable people to sheltered housing.
The lack of accommodation was a major weakness in the Out of Hospital Strategy. Adult Social Care was working with Housing to address the issue of quality, choice and suitability of housing for older people in the borough. Living in suitable accommodation would allow older people to manage their health and care needs at home rather than having to be admitted to hospital or placed in short or long term nursing care. A GP representative would be invited to join the work group.
- Priority 8: Develop a shared strategy for sexual health across tri-borough with a focus on those communities most at risk of poor sexual health.
The strategy should be brought to the HWB.

RESOLVED THAT:

- A progress report would be provided at each meeting (approximately one page each).

- Board actions should be removed from this document and brought back in one year's time.

Action: All

- The format for actions should be standardised.

Action: David Evans/Martin Waddington

6. ESTABLISHMENT OF A HEALTH & WELLBEING BOARD: GOVERNANCE ARRANGEMENTS

The Board considered the proposed terms of reference and membership.

RESOLVED THAT:

The Shadow HWB recommended to Council that it:

1. Established a Health & Wellbeing Board for the London Borough of Hammersmith & Fulham with the proposed membership and on the basis set out in the report.
2. The Council consulted the HWB on the proposal to make a direction on the entitlement of the Council's non-councillor representatives to vote as set out in paragraph 7.3 of the report.

7. PROPOSAL RE VOLUNTARY SECTOR REPRESENTATION ON THE H&F HWB

Peter Okali, Director CaVSA presented the report, which set out three options for the voluntary and community sector representation on the HWB for the Board's consideration:

Option 1: Voluntary Sector Health and Social Care representation has full membership status on the Board.

Option 2: Voluntary Sector representation has 'observer' or 'non-voting' membership status.

Options 3: There is no formal Voluntary Sector representation on the Board and engagement with the Sector takes place across a range of other fora and mechanisms.

Mr Okali stated that whilst the potential conflict of interest between the Sector's role as providers of services and the Board's commissioning responsibilities was recognised, the preference was for the involvement of a specific Health and Social Care Representative with full membership status (option A). A Voluntary Sector representative would be able to contribute the views and experience of the wider Sector and bring a slightly broader range of experiences than Healthwatch.

The Board considered that the Voluntary Sector Council Representative for Health and Social Care was not necessarily the most appropriate, and that the Children, Young People and Families Representative would be equally appropriate. Mr Okali

responded that a Representative with a health and social care background would have a good understanding of the system and would also have a range of support from CaVSA and across the Sector. There were strong lines of communication between the Representatives and the Sector.

The Board considered the three options and the following points were made:

- Representatives did not need to be voting members to fully participate in discussions.
- The health voluntary sector was becoming more important, and there could be a case for representation of this sector.
- The HWB could involve the voluntary sector through consultation and attendance at appropriate meetings, rather than as a Board member.

Mr Okali commented that engagement with the voluntary sector 'when required' would result in the Representative not being fully briefed, with no background information or an understanding of the challenges and with no support.

The Board also considered that there could be an issue in respect of CaVSA's role as a provider, and that should CaVSA be a Board Member, it might be appropriate to also invite acute providers to attend the HWB.

Mr Okali was asked to leave the meeting for the Board to discuss the proposal.

The Board considered that it was the role of Healthwatch to represent service users. The other role of a voluntary sector representative would be to represent the sector as a provider, and this was thought inappropriate, given that other providers, such as acute health care trusts, would not be invited to sit on the Board.

There was some concern about whether a Representative would actually represent the Sector, rather than their own organisation's agenda.

RESOLVED THAT:

1. The HWB recognised the valuable role of the Voluntary Sector, and would continue to engage and involve the Sector.
2. There would be no formal Voluntary Sector representation on the Board (option 3).
3. Engagement and involvement of the Voluntary Sector would be reviewed at a future meeting.

8. PHARMACEUTICAL NEEDS ASSESSMENT

Dr Melanie Smith the report, which summarised the responsibilities of the HWB, which would become responsible for the Pharmaceutical Needs Assessment (PNA) from 1 April 2013, and identified some areas of concern, which would need to be addressed in order that the Board could discharge this responsibility.

RESOLVED THAT:

The Shadow Board noted the report.

9. HEALTHWATCH HAMMERSMITH & FULHAM

Trish Pashley presented the update report for Hammersmith & Fulham Healthwatch, which would be launched officially on 18 April. All members of the HWB were invited to contribute to the launch event. In addition, Healthwatch would welcome the views of the Board on areas for prioritisation in 2013/2014, as set out in the report.

RESOLVED THAT:

The Board noted the report.

10. WORK PROGRAMME

RESOLVED THAT:

1. The work programme be noted.
2. The Commissioning Board should be invited to join the June meeting.

Action: Sue Perrin

11. DATES OF MEETINGS, 2013//2014

The Board noted the following provisional dates for 2013/2014:

17 June 2013
9 September 2013
4 November 2013
13 January 2014
24 March 2014

Meeting started: 4.00 pm
Meeting ended: 6.00 pm

Chairman

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