



London Borough of Hammersmith & Fulham

# Health & Wellbeing Board Minutes

Monday 13 January 2014

## **PRESENT**

**Committee members:** Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)  
Councillor Helen Binmore, Cabinet Member for Children's Services  
Liz Bruce, Tri-Borough Executive Director of Adult Social Care  
Eva Hrobonova, Deputy Director, Tri-borough Public Health  
Dr Susan McGoldrick, Vice-Chair, H&F CCG  
Karen Tyerman, Tri-Borough Director for Commissioning  
Trish Pashley, H&F Healthwatch Representative

**Other Councillors:** Georgie Cooney, Cabinet Member for Education

**Officers:** Colin Brodie (Public Health Knowledge Manager), David Evans (Service Development Project Manager, ASC), Nicholas Holgate (Chief Executive), Holly Manktelow (Senior Policy Officer) and Sue Perrin (Committee Co-ordinator)

## **33. MINUTES AND ACTIONS**

### **RESOLVED THAT:**

The minutes of the Health & Wellbeing Board held on 4 November 2013 be approved and signed as an accurate record of the proceedings.

## **34. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Tim Spicer, Professor Sue Atkinson, Andrew Christie and Janet Shepherd (NHSE).

## **35. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **36. JOINT HEALTH & WELLBEING STRATEGY: UPDATE**

Mr Evans introduced the report which included:

- Findings of the Development Workshop on 8 October 2013;
- Outcomes from the Joint Health & Wellbeing Strategy (JHWS) Consultation; and
- Progress Against Health & Wellbeing Priorities.

Clear messages had been received that:

- The HWB should meet outside formal meetings to develop relationships within the Board and a better understanding of each other's pressures, priorities and agenda; assess its current work programme; and have frank and open conversations.
- Further work was needed to define what success would look like and how it would be measured.
- The Park View Centre for Health & Wellbeing, which is nearing completion should be removed from the strategy.

Dr McGoldrick considered that the Park View Centre service model should be retained as a priority for at least one year. The new building, on its own, would not change the way in which people worked. The allocation of space within the building was still being considered.

Dr McGoldrick responded to a query that the Delivery Board, which included all providers, the CCG, local authority social services and the CLCH would organise the move into the building, which was likely to be phased. The date was not yet known.

Dr McGoldrick did not know if urgent care would be delivered from the Centre. The impact and options in respect of the closure of Hammersmith Hospital Accident & Emergency were being considered and, should it be proposed to transfer the UCC to the Park View Centre, there would be wider consultation.

Councillor Ginn considered that the priorities should be expressed more strongly. Ms Bruce agreed to lead discussions with priority owners to agree a tighter and more specific form of words for SMART objectives for approval by the HWB at the March meeting.

**Action: Liz Bruce**

Councillor Ginn requested that a further draft report be circulated, before the final version was provided to the HWB.

**Action: David Evans**

Councillor Ginn considered the JHWS priorities to be a good starting point for an engaged purposeful HWB and management of some aspects of the work by a sub-group, for example the Better Care Fund (BCF), could be considered at a subsequent meeting.

Ms Bruce stated that there was a requirement to formalise the role of the HWB in ratifying the BCF Commissioning Intentions.

Ms Bruce reported that the Care Bill had been delayed in order to include strategic housing plans. Housing was an important element in the enabling environment, which would support people to remain in the community longer.

**RESOLVED THAT:**

The final version of the Joint Health & Wellbeing Strategy would be brought to the March meeting for approval.

**37. BETTER CARE FUND PLAN 2014/2016**

Members received the first draft of the Tri-borough BCF Plan, which had been developed in partnership with the corresponding CCGs as an early exemplar proposal. The Plan was an initial response to the challenges presented by the BCF and was work in progress, subject to further consultation with key stakeholders across the three boroughs. The current stage of the process requires a formal submission to NHS England by 15 February, with the final submission being made on 4 April 2014.

The submission combined commissioning intentions, local operating and service planning with the shared five year vision for the Triborough. The plans were underpinned by a focus on systems that supported and removed barriers to integrated care. The strategy was based on three core principles:

- People will be empowered to direct their care and support, and to receive the care they need in their homes or local community.
- GPs would be at the centre of organising and co-ordinating people's care.
- The systems would enable and not hinder the provision of integrated care. Providers would assume joint accountability for achieving a person's outcomes and goals and would be required to show how this delivers efficiencies across the system.

The initial areas for consideration were the commissioning of nursing and residential homes and the commissioning of care delivered in people's homes. The business case for the commissioning of nursing and residential care homes demonstrated that, if this was done as one team across the agencies, there would be financial savings and improved quality.

Ms Pashley was concerned that there was not an Equalities Impact Assessment alongside the Plan.

Ms Bruce responded to a query that the Plan did not include children. The current focus was on older people who might have multiple conditions and consequently blocked acute beds.

**RESOLVED THAT:**

The Board approved the first draft of the Better Care Plan and noted the challenges.

### **38. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE**

Mr Colin Brodie presented the Joint Strategic Needs Assessment (JSNA) update, which included the Tuberculosis (TB) JSNA.

The JSNA Steering Group, at its meeting on 21 January, would commence the process of setting the work programme for 2014/2015. The programme would be co-ordinated by a JSNA Manager, who would start in early April.

The JSNA Highlights report would be published on the JSNA website and the link sent to members.

The Learning Disabilities JSNA had been completed and would come to the HWB along with the Tri-borough Learning Disabilities Plan. The Physical Activities JSNA and the Child Poverty JSNA would come to the March HWB.

Mr Brodie stated that TB prevalence was lower than the London average, but higher than the national average. There were a number of key recommendations:

- Pooling staff, clinics and resources where appropriate.
- Consider how hospital and community services could be provided more effectively.
- Review current commissioning arrangements and establish service specification and service level agreement.
- Establish a local pathway for the management of TB.

Councillor Ginn noted the challenges and queried how they should be addressed. Mr Brodie stated that it was intended to send the JSNA to the CCGs for review.

Dr McGoldrick stated that H&F CCG recognised TB as a significant issue and would review the pathway, to get agreement from the three CCGs in conjunction with Imperial College Healthcare NHS Trust and Chelsea and Westminster Healthcare NHS Foundation Trust.

Members queried the submission of JSNA applications and their academic nature. Mr Brodie stated that the JSNA Steering Group was responsible for identifying JSNAs which would contribute to the 2014/2015 work programme. Specific requests would be assessed against the Tri-borough priorities framework and would need to have clear benefits.

Completed JSNAs had been used to inform the decision making process and agree priorities. The JSNA scoping process identified the specific issues and the amount of work was variable. The TB JSNA had involved a relatively small workload.

Ms Pashley considered that an Equality Impact Assessment (EIA) should be attached to each JSNA, and the work promoted through the commissioning process. The requirement for a detailed EIA from concept as opposed to at the point of decision making would be clarified.

**Action: Liz Bruce**

Ms Hrobonova referred to the recommendation in respect of better joint care for TB. Currently, a range of complex cases were being treated in the community, with four centres providing TB services. This model needed to be rationalised with provision of specialist Tri-borough clinics and adequate staffing levels to respond to increased demand. In addition, a joint pathway with local authorities for the management of patients with no recourse to public funds would improve prevention of TB cases in high risk patients, particularly with regards to drug resistant TB.

Councillor Ginn suggested that the JSNA could include a brief section to indicate how the findings would impact on strategies and to identify any gaps and areas outside scope.

**RESOLVED THAT:**

The report be noted.

**39. UNDERSTANDING THE MENTAL HEALTH NEEDS OF YOUNG PEOPLE INVOLVED IN GANGS**

Ms Hrobonova presented 'Understanding the Mental Health Needs of Young People involved in Gangs', a Tri-borough Public Health Report produced on behalf of the Westminster Joint HWB.

Ms Hrobonova stated that the young people involved in gangs had much higher rates of a broad range of mental health problems, which until recently had been overlooked. In addition, young people involved in gangs had a higher rate of drug and alcohol misuse. Where mental health problems required specialist input, there were evidence-based interventions for treatment, which fall into two major categories: cognitive behavioural interventions and systemic interventions, both of which are also effective in reducing re-offending.

The key recommendations of the report were to:

- Increase the mental health literacy and skills of key workers working with young people involved in gangs;
- Maintain links with local NHS mental health services; and
- Increase access to multi-systemic therapy for young people in gangs.

Ms Hrobonova responded to a comment in respect of a more holistic approach to include family background that broadening the scope of the

report to a broader population would dilute the work, which had primarily been based on literature.

In response to a query in respect of accessing therapies, Ms Hrobonova responded that rather than commissioning the therapies, it would be necessary to identify young people who would benefit.

**RESOLVED THAT:**

The report be noted.

**40. WORK PROGRAMME**

A revised work programme was tabled.

**RESOLVED THAT:**

- Future meetings would include items 'for information'.
- A workshop should be arranged for 24 March, immediately prior to the HWB.

**41. DATE OF NEXT MEETING**

24 March 2014

**42. RESPONSE TO THE LOCAL HEALTH COMMISSION: CALL FOR EVIDENCE**

Councillor Ginn introduced the report. In September 2013, the Mayor of London had set up the independent London Health Commission to find innovative ways to meet London's health and healthcare needs. To inform this work a 'Call for Evidence', was made in December 2013 asking the public, service providers and all other parties a range of questions.

A draft response setting out the views of the Tri-borough Cabinet Members for Adults and Public Health was tabled. The deadline for submissions was Friday 17 January 2014.

Ms Manktelow stated that some information was currently outstanding. The draft response had been circulated to the three CCGs.

**ACTION:**

The HWB was asked to comment on the draft Tri-borough response, within the next 48 hours.

Meeting started: 4.00 pm  
Meeting ended: 5.30 pm

Chairman .....

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