London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Monday 24 March 2014

PRESENT

Committee members:
Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)
Dr Tim Spicer, Chair of H&F CCG (Vice-chairman)
Councillor Helen Binmore, Cabinet Member for Children's Services
Liz Bruce, Tri-Borough Executive Director of Adult Social Care
Andrew Christie, Tri—Borough Executive Director of Children's Services
Philippa Jones, Managing Director, H&F CCG
Dr Susan McGoldrick, Vice-Chair, H&F CCG
Trish Pashley, H&F Healthwatch Representative
Meradin Peachey, Tri-borough Director of Public Health

Other Councillors: Georgie Cooney, Cabinet Member for Education

Officers: Cath Attlee (Strategic Lead, Integrated Health & Care Whole Systems Lead, Better Care Funds), Colin Brodie (Public Health Knowledge Manager), Stuart Lines (Deputy Director of Public Health), Holly Manktelow (Senior Policy Officer) and Sue Perrin (Committee Co-ordinator)

Hammersmith Fire Station: Steven Cunningham, Station Manager

H&F CCG: Rachel Stanfield, Head of OD & Governance

43. MINUTES AND ACTIONS

RESOLVED THAT:

(a) The minutes of the Health & Wellbeing Board held on 13 January 2014 be approved and signed as an accurate record of the proceedings.

(b) It was noted that the Council had approved the recommendation of the Health & Wellbeing Board (HWB) that two additional members of the Hammersmith & Fulham Clinical Commissioning Group (CCG) should be appointed to the HWB and that all members of the HWB should be entitled to vote.

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Susan McGoldrick and Janet Shepherd, NHS England.

45. DECLARATIONS OF INTEREST

There were no declarations of interest.

46. HOME FIRE SAFETY VISITS TO ADULT SOCIAL CARE SERVICES

Steven Cunningham, Station Manager, Hammersmith Fire Station presented an evaluation of home fire safety visits to Adult Social Care Services. The Borough Partnership had originated in 2007/2008, at which time Hammersmith & Fulham had the third highest rate of fires in homes in London. The reduction of fires in homes and the injuries associated with them had been made a priority in the Local Area Agreement.

In the current year, Home Safety Visits had been carried out for 253 people referred by Adult Community Services. All persons had been deemed to be 'high risk individuals'. Firefighters visit people in their homes to provide fire safety advice and fit free smoke alarms. Additional support such as fire retardant bedding could be provided. However, the best way of reducing the potential for fires to occur was to change the behaviour of residents.

Mr Cunningham responded to members' comments. It was suggested that the home visits provided an opportunity for signposting residents to other services and linking with referring GPs.

Mr Cunningham was not aware of the reasons why the statistics indicated that single parents tended to have more fires. Mr Christie commented that there was an established link between fires and areas of concern, such as child neglect. Mr Cunningham stated that where a child had caused a fire, the intervention service would speak to both the child and parent.

RECOMMENDED THAT:

Hammersmith Fire Station be contacted in a year's time and asked to provide a written update.

47. BETTER CARE FUND 2014/2016: FINAL PLAN SUBMISSION

Ms Bruce introduced the 'near-final' version of the Better Care Fund Plan (BCF) which set out the vision for health and social care services, aims and objectives and planned changes encompassing 18 work streams to deliver integrated operational services, integrated commissioning and contracting,

supported self-care, personal health and care budgets and improved patient experience, and integrated infrastructure such as IT and information governance. The submission date was 4 April.

The report addressed the national conditions: protecting social care services; seven day services to support discharge; data sharing; and joint assessments and accountable lead professional.

It was proposed to bring together existing budgets into a pooled budget, to be held by the local authority on behalf of both the Council and the NHS, to enable the development of integrated health and social care services. Each scheme would be led by the most appropriate commissioner.

The BCF would be used to: help people self-manage and provide peer support; invest in developing personal health and care budgets; implement routine patient satisfaction surveying; invest in re-ablement; and reduce delayed discharges. The report set out the full list of schemes proposed for 2014/2015 and 2015/2016.

Ms Bruce updated on progress in respect of governance. In the medium term, it was intended to develop and strengthen the existing Integrated Partnership Board into a single Tri-borough Health and Wellbeing board, which would oversee large scale integration initiatives that required a single joint approach. It was proposed that one in every three of the HWBs became a single HWB.

In addition, a single Joint Executive Team would be consolidated to act as the single accountable team for the implementation of the BCF programme. The report outlined the proposed Tri-borough governance structure.

Ms Pashley queried the Engagement Plan. Ms Bruce responded that the Whole Systems Programme had been commended for outstanding practise in respect of public involvement. Locally and across the Tri-borough, there had been significant degrees of involvement with Healthwatch and other service user groups. Ms Attlee acknowledged that, because of the tight deadline, public engagement was not currently adequately reflected in the plan.

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RESOLVED THAT:

The Better Care Fund Plan be approved.

48. STRATEGIC & OPERATIONAL PLANNING PROCESS & PROPOSED SUBMISSION 2014/2015 - 2018/19

Philippa Jones introduced the strategic and operational planning report, which set out the improvement trajectories for a range of indicators, required from CCGs as part of the NHS England (NHSE) planning cycle. In some cases, CCGs were asked to detail improvements over a two year period, whilst other indicators were linked to five year trajectories.

Some targets were nationally mandated, whilst others had been developed across the Central West, Hammersmith & Fulham, Hounslow and Ealing Collaborative of CCGs and some had been set locally by the CCG. CCGs had also been asked to identify one local priority for improvement in 2014/2015.

Achievement in some of the trajectories was linked to financial incentives as part of the CCG Quality Premium Fund, which could be invested in improving the quality of local health services. However, a number of targets would be difficult to influence in the short term.

The CCG had sought advice from Public Health in order to ensure the priorities were of an appropriate level of ambition and were supported by public health commissioning priorities. The trajectories and the approach taken to their development was outlined in the report.

An initial submission had been made to NHSE on 14 February 2014, and there was an opportunity for adjustments to be made to the plan before final submission on 4 April 2014.

Of the 2013/2014 targets, those in respect of the X-PERT programme for diabetes and physical health checks for people with severe and enduring mental illness had been exceeded, but the MMR year 2 first dose target of 87% had not been achieved.

The local priority for 2014/2015 was proposed as health checks for people with learning disabilities. This was a three year target. The baseline was 54%. The target in year one was 60% and it was hoped to achieve 80% by 2016/2017.

Ms Jones and Dr Spencer responded to members' queries.

In respect of the emergency admissions indicator, risk stratification was used to profile those people at high risk of unplanned hospital admission and to put in place care plans. Some practices were in their fourth year of using this approach, and there was reasonably strong evidence that this benefited residents by enabling them to remain independent at home. The target of 13% reduction in emergency admissions between 2014/2015 and 2018/2019 was demanding. The target had been derived from 'Shaping a Healthier Future' plans for hospital reconfiguration. The CCG also had strong plans in place for the development of Whole Systems Integrated Care to support this objective.

All GPs would be moved on to one IT system, and sharing of care plans with acute trusts and the community would be negotiated.

Ms Bruce stated that Adult Social Care fully supported this priority.

In respect of patient experience, the CCG considered that it had reached the easy to reach groups, and was looking for ways in which to engage with harder to reach groups and to encourage attendances. Bespoke training for practice nurses was being developed.

The MMR target had not remained a priority. At the beginning of the year, 83% of patients registered with GPs had been achieved and this had temporarily increased to 85%. The CCG was considering other mechanisms for engaging with parents and the Council officers were asked to inform the CCG about any ways in which it could help.

Dr Peachey stated that there was a 95% immunisation target, and this was the responsibility of NHS England. The Local Authority role was to oversee the whole area of health protection.

It was confirmed that the target for potential years of life lost from causes considered amenable to healthcare, would contribute towards closing the health inequalities gap in areas such as coronary heart disease and cancer.

RESOLVED:

1. The report be endorsed.

2. An update report be brought to the next meeting.

49. JOINT HEALTH & WELLBEING STRATEGY: FINAL AGREEMENT

Ms Bruce introduced the revised draft of the Health & Wellbeing Strategy, which set out what success in 2016 would look like and how success would be measured. The high level vision and intent and agreed priorities remained, but were now supported by clear actions.

The eight priority leads had been asked to articulate what success would look like and incorporate three key strategic objectives and three success measures. A summary 'dashboard' had been developed to monitor progress against the objectives on a quarterly basis over the following two years.

A number of the proposed indicators would only be available on an annual basis and further work was required to refine these measures, which would include the development of local indicators, setting of key targets, milestones and process measures.

RESOLVED THAT:

1. The Health and Wellbeing Strategy be agreed.

2. A review of progress against priorities would be brought to the HWB in a year's time.

50. WORK PROGRAMME

Members were asked to identify items for the following year's work programme.

51. JSNA UPDATE

The HWB received a progress update on the JSNA work programme, including the 'deep dive' Physical Activity JSNA and Learning Disabilities JSNA and the initial draft Child Poverty JSNA.

In addition, the report outlined the responsibility of the HWB to prepare a Pharmaceutical Needs Assessment for 1 April 2015 and the proposed approach across the Tri-borough. The data required to produce the assessments was held be a number of organisations, including NHS Engand.

RESOLVED THAT:

The HWB noted the report.

52. DATE OF NEXT MEETING

This is the last meeting of the municipal year.

53. HAMMERSMITH & FULHAM CLINICAL COMMISSIONING GROUP: BRANDING

The HWB received a written presentation of the engagement activity, carried out by H&F CCG to ensure that a wide range of people were involved in the development of the brand and that it reflected the vision of the CCG. The brand would be used alongside the standard NHS logo.

The HWB considered the variations of two brands, which had been selected through the engagement activity. Overall, members expressed a preference for either option 1a or 1b, with one member preferring option 2a.

Meeting started: 4.00 pm
Meeting ended: 5.30 pm

Chairman .....

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