London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Monday 30 June 2014

PRESENT

Committee members:
Councillors Vivienne Lukey (Cabinet Member for Health and Adult Social Care (Chair) and Sue Macmillan (Cabinet Member for Children and Education)
Dr Tim Spicer, Chair of H&F CCG (Vice-chair)
Liz Bruce, Tri-Borough Executive Director of Adult Social Care
Andrew Christie, Tri—Borough Executive Director of Children's Services
Stuart Lines (Deputy Director of Public Health)
Jo Murfild, NHS England
Trish Pashley, H&F Healthwatch Representative

Other Councillors: Rory Vaughan

Officers: Paula Arnell (Senior Joint Commissioning Manager, Tri-borough), Colin Brodie (Public Health Knowledge Manager), Christine Mead, Holly Manktelow (Senior Policy Officer) and Sue Perrin (Committee Co-ordinator)

H&F CCG: Daniel Elkeles

1. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 24 March 2014 be approved and signed as an accurate record of the proceedings.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms Philippa Jones, Dr Susan McGoldrick and Dr Meradin Peachey.

3. DECLARATIONS OF INTEREST

Dr Tim Spicer declared an interest in respect of item 6, in that his GP practice was involved with Whole System Integrated Care in Hammersmith & Fulham.

4. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED THAT:

The Committee noted its membership and terms of reference.

5. APPOINTMENT OF VICE-CHAIR

RESOLVED THAT:

Dr Tim Spicer be appointed as Vice-Chair.

6. WHOLE SYSTEM INTEGRATED CARE IN HAMMERSMITH & FULHAM

Mrs Liz Bruce introduced the report, which provided an update on the Whole System Integrated Care (WSIC) programme in Hammersmith & Fulham. The WSIC programme was being led by CCGs and Local Authorities from across North West London (NWL) working in partnership with providers and patients and their carers/families to deliver a person centred vision of integrated care. NWL collectively had been awarded national pioneer status to drive this change programme.

The WSIC programme had co-produced with lay partners from across NWL the toolkit for integrated care. It had developed shared principles for co-production that would be adopted as WSIC was designed and implemented in Hammersmith & Fulham.

NWL's vision of WSIC was underpinned by three principles:

- people would direct their own care and support and receive the care they needed in their homes or local community;
- GPs would be at the centre of organising and co-ordinating people's care; and
- Systems would enable and not hinder the provision of integrated care.

Some of the practical steps necessary had already begun with the Better Care Fund, which required NHS and local authorities to pool health and care budgets together to commission and deliver more integrated care, to build on existing jointly commissioned services.

In developing Early Adopter proposals, outline implementation plans had been submitted in May 2014, with a presentation to a national and international Review Panel on 12 June 2014. The full business case would be developed by October 2014.

The presentation set out the overall profile of Hammersmith & Fulham and the type of population being targeted.

Dr Spicer drew attention to the importance of unpaid carers and the increasingly elderly population with long term conditions. The report outlined the work to combine health and adult social care, including: the formation of five GP networks in 2011; full take up by GP practices of the Integrated Care Pilot for Inner NWL and alignment of networks to multi-disciplinary groups; participation in the Shaping a Healthier Future programme and the

development of a local hospital model intrinsically linked to out of hospital and community provision; and the rolling out of System One to all GPs and the continued rolling out with Community Providers enabling information sharing.

Dr Spicer highlighted the Model of Care (Virtual Ward) set out graphically in the report, with the patient at the centre. Councillor Rory Vaughan noted the importance of service user involvement in developing proposals and the predominance of health care professionals at the first WISC workshop.

Dr Spicer responded by giving mental health development over the previous six months as an example of service user involvement. There were five major work streams, all with lay members and co-chairs. The report set out a number of ways in which people who use services had been involved in the development and delivery of the Out of Hospital and Local Hospital programmes. Mrs Bruce added that there were some 150 established lay partners in addition to engagement with Healthwatch and the Partnership Boards. This would bring about a change in the culture of commissioning services.

Councillor Vaughan queried how this diagram could be explained so that the public could understand why the service would work in that way. Mrs Bruce responded that the model was difficult to represent on paper. At a recent tri-borough workshop, reliance had been placed on a simple shared narrative of support for people in the community in a respectful and dignified way. However, in order to create a robust service, parts of adult social care and the NHS would be redesigned to transform health care provision, including GP provision.

Mrs Bruce noted the importance of commissioners and providers and GPs keeping messages simple and the need to articulate this message through people's journey through the system.

Members considered how people could be enabled to look after themselves by for example: medicine compliance; a health professional who co-ordinated a person's care; and a full session, maybe one hour with a GP, rather than just ten minutes.

The way in which health and care services worked needed to be redesigned into non-hospital, multi-organisation, multiple structures which incentivised all those different groups to work together with the patient at the centre.

The Chair concluded the discussion by noting the current objectives of providing the best Out of Hospital care and the significant challenges of a virtual ward.

RESOLVED THAT:

The Board noted the progress on the Whole System Integrated Care Programme in Hammersmith & Fulham.

7. JOINT DEMENTIA STRATEGY 2014-2019: DEVELOPMENT SUMMARY

Ms Paula Arnell introduced the report, which set out the intention to produce a joint dementia strategy across NWL.

Ms Arnell stated that dementia was an umbrella term for symptoms of diseases of the brain and that there were more than 40 different types of dementia illness. The National Dementia Strategy sought to address the impact on a person. It recommended that treatment should include suitable dementia medications and personal activity to help with health and well-being.

Hammersmith & Fulham provided dedicated dementia care, including Carers' respite services, Admiral Nursing and other dementia clinical support and a Memory Café.

Training programmes in dementia for Hammersmith & Fulham GPs had commenced in 2014 (delivered by West London Mental Health Trust).

The report set out the Tri-borough Dementia Strategic Aims.

The Chair queried the constraints to further improvements in diagnosis rates. Ms Arnell responded that there was very little understanding of what was available post diagnosis. A lot of support was required. There were issues in respect of staff training to recognise dementia and early investigation. Dr Spicer considered that there were missed opportunities: a lack of confidence in GPs, time delays and lack of understanding in respect of what the diagnosis meant. In addition, GPs were not always first point of contact.

The Chair queried how the strategy addressed these issues. Ms Arnell responded that the strategy included the provision of information such as dementia guides in GP surgeries and other places and on websites, including links from health to social care websites, and linked to other forms of communication.

The requirement for an Equalities Impact Assessment was noted.

The Chair queried how the discussion would be continued with residents. Ms Arnell responded that Dementia Services would continue to work with Healthwatch and other forums across the tri-borough. Consultation on the strategic work and the dementia JSNA would take place throughout the development with all stakeholders.

Dr Spicer stated that dementia was a long term condition and must be brought into normal business, not separated, for example vascular related dementia could be identified through blood pressure checks.

Stuart Lines noted the importance of NHS health checks in screening out risk.

RESOLVED THAT:

The report be noted.

8. NHS HEALTH CHECKS

Ms Christine Mead introduced the report on NHS Health Checks, a mandatory Public Health Service.

The NHS Health Checks is a national risk assessment and prevention programme that identified people between the age of 40 and 74 at risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia, and helped them to take action to avoid, reduce or manage their risk of developing these health problems.

The Department of Health had set targets for 20% of the eligible population to be invited for health checks each year. From April 2013 to March 2014, 2336 health checks had been delivered (6% of eligible population against a target of 10%).

Uptake of offers was currently running at 28%. An Improvement Plan based on best practice guidance from Public Health England and from local GP practices, which were championing health checks, had been put in place to increase take up.

7.6% of those receiving checks had been identified as a high risk and 24.3% as having a moderate risk.

Practices would be encouraged to invite older patients, smokers, men and populations known to be at higher risk of cardiovascular disease as a priority. Health trainers had been commissioned to deliver more health checks in areas of deprivation, where there was a higher prevalence of cardiovascular disease and in homeless hostels. Pharmacies had been commissioned to deliver health checks in areas of deprivation.

For every risk factor identified, patients had been given information about services they could access to reduce their risk, and direct referrals to services where the patient takes up the referral.

Officers suggested different ways of communication and access to improve uptake and helping people to make lifestyle changes, for example a health bus outside the supermarket which would offer tests on the spot.

An analysis of reaching certain ethnic groups was suggested and also that the third sector had contacts with some of the groups about which there was most concern.

RESOLVED THAT:

(1) The Board noted the report.

(2) An update report be brought to a future meeting.

9. 2013-2014 TRI-BOROUGH PUBLIC HEALTH REPORT

Mr Stuart Lines introduced the report which provided a snapshot of the health of people who lived in tri-borough, identified some of the local public health priorities and described some of the current projects designed to improve the health and wellbeing of local people.

There was no significant difference in life expectancy for men and women living in Hammersmith & Fulham compared to the rest of London and England. Whilst many residents were affluent, there were significant areas of poorer health in the more deprived parts of the borough and therefore large health inequalities between rich and poor.

The major causes of death and diseases locally were the same as those across the country, the biggest killer being cancer, heart disease and respiratory disease, with liver cancer being a significant cause of death. There were a number of causes of death and disease which were bigger problems in tri-borough than in other parts of the country, including poor air quality, tuberculosis and HIV/AIDs.

The report set out the areas of focus for public health for the following year and a number of specific steps that Tri-borough Public Health would be taking over the next year to support innovative public health initiatives.

RESOLVED THAT:

The Board noted the report.

10. JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME

Mr Colin Brodie introduced the report, which asked the HWB to agree which topics should be prioritised for deep-dive JSNAs in the 2014-2015 JSNA programme. The central part of the programme was 'deep-dive' JSNAs which looked at specific aspects of the population's health.

RESOLVED THAT:

(1) The Board approved the JSNA Steering Group's recommendation to conduct JSNA 'deep-dives' into:

- childhood obesity
- older people's housing needs
- dementia

(2) The Board recommended that a variety of stakeholders with responsibility for implementing the recommendations be identified.

11. WORK PROGRAMME

RESOLVED THAT:

(1) A more detailed work programme would be brought to the next meeting.

(2) Reports should be supplemented by 'patients stories'.

(3) Different meeting venues should be considered.

12. DATES AND TIMES OF NEXT MEETINGS

8 September 2014
10 November 2014
12 January 2015
23 March 2015

Meeting started: 5.00 pm
Meeting ended: 6.30 pm

Chairman .....

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